DOCUMENT RESUME

ED 164 756	08	CE 016 760

AUTHOR	Wheeler-Liston, Carol; And Others
TITLE	Occupational Home Economics Education Series. Care and Independent Living Services for Aging. Competency Based Teaching Module.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	77
CONTRACT	OEC-0-74-9140
NOTE	957p.; Portions of this document will not reproduce well due to poor print quality. For related documents see ED 155 380 and ED 155 383-890
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock Number 017-080-01760-1)
EDRS PRICE	MF-$1.67 HC-$51.57 Plus Postage.
DESCRIPTORS	Adult Development; Behavioral Objectives; Career Ladders; *Educational Gerontology; Employment Opportunities; Food Service; Health Needs; Home Management; Human Relations; *Human Services; Hygiene; Job Skills; Learning Activities; Learning Modules; Legal Responsibility; Nutrition; Occupational Clusters; *Occupational Home Economics; *Older Adults; *Performance Based Education; Postsecondary Education; Secondary Education; Senior Citizens; Student Evaluation; *Visiting Homemakers; Vocational Education

ABSTRACT

This large training module is intended to help prepare home helpers or others who can provide direct care and can utilize resources to assist older persons. The document presents first a general discussion of the background and rationale behind a series of occupational home economics modules. In addition, the particular module on serving the aging is described in terms of rationale, job description, and career ladders and lattices for care and independent living. Directions to the teacher, a list of modules and competencies, and a series of assessment instruments are also included. The module itself is divided into nine sections and each follows the same format: table of contents, directions to the teacher, competencies, objectives, suggested strategies, references, and resources and two appendixes (learner information sheets and teacher information sheets). Modules are based on the following areas: (1) orientation to and evaluation of the course, (2) job opportunities and expectations for aging services, (3) understanding aging, (4) human relations skills, (5) meeting personal care needs, (6) nutrition and food handling for aging services, (7) meeting home management needs, (8) meeting health care needs, and (9) legal and ethical concerns. (For related documents see ED 155 380 and ED 155 383-390.) (CSS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED164756

OCCUPATIONAL HOME ECONOMICS EDUCATION SERIES

CARE AND INDEPENDENT LIVING SERVICES FOR AGING

Competency Based Teaching Module

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

OCCUPATIONAL PREPARATION, OTHER
OE Instructional Code 09.0299

Stock No. 017-080-01760-1

CE016760

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Developed pursuant to Contract #OEC-0-74-9140
by the American Home Economics Association
Washington, D. C.
Subcontractor: Purdue University
West Lafayette, Indiana
Funded by the United States Office of Education under
Part I, Curriculum Development in Vocational and Technical
Education, Vocational Education Amendments of 1968,
Public Law 90-576
1977

This document is part of the Occupational Home Economics Education Series. The competency-based series are in module format and each contains assessment instruments, concepts strategies, resources, and student reference sheets for each of the following occupational titles:

CARE AND INDEPENDENT LIVING SERVICES FOR AGING
CATERING SERVICES
CLOTHING ALTERATIONS
CONSUMER SERVICES
FABRICS AND TEXTILES MERCHANDISING
FAST FOOD SERVICES
FURNISHINGS AND HOUSING MAINTENANCE SERVICES
HOUSING MANAGEMENT SERVICES
SECURING EMPLOYMENT
WINDOW TREATMENT SERVICES

For sale by the Superintendent of Documents,
United States Government Printing Office,
Washington, D. C. 20402
Stock No. ______________________

FOREWORD

The focal point of home economics occupations is jobs which relate to the home and family. Technical skills and abilities to manage multiple resources are then transferable to related occupations in business, industry, institutions and governmental agencies. This series of modules provides training to develop the competencies and skills for delivery of services needed by society.

Each module focuses on the development of learners for paid employment through a sequence of pre-assessment, objectives, competencies, suggested teaching strategies which utilize multi-sensory experiences, resources, and post-assessment. Each module addresses cognitive, affective and psychomotor learning pertinent to specific job performance.

The uniqueness of these teaching/learning materials is in the creativity in the resources utilized, learning strategies employed, and the emphasis on job skills. The competencies and skills learned in these modules may be used in home, business, industrial, institutional, and agency settings. Each module is developed in a lattice context; the worker can move horizontally to other jobs requiring comparable skills, or vertically within the same job area by acquiring additional competencies. Each module emphasizes decision-making in order to facilitate either horizontal or vertical job progression.

It is hoped that these Occupational Home Economics Education Series modules will substantially contribute to the development of workers for paid employment and will enhance the multiple roles of all workers -- family, job, citizen.

Kinsey B. Green
Project Director
American Home Economics Association

ACKNOWLEDGMENTS

These competency-based teaching modules have been developed through the cooperative efforts of many people. We wish to express our appreciation to those individuals involved with this project.

We are especially grateful to Miss Bertha King, United States Office of Education monitor for the project, for her guidance and support. We also wish to thank Mr. William Berndt of the United States Office of Education for his assistance.

We acknowledge with thanks the contributions made by Dr. Elizabeth Simpson and Dr. Doris Hanson during the conception stages of this project. Their continued interest and support throughout the project is appreciated.

The cooperation and support of all the State Supervisors who assisted in obtaining curriculum materials and in the selection of field test sites is greatly appreciated. We are especially grateful to the 75 teachers and their learners who participated in the field test.

We also wish to thank the membership of the American Home Economics Association for their support and many contributions.

The following is a list of the consultant team leaders who developed the modules. We acknowledge their indispensable contributions with thanks.

Child Development, Family Relations, and Homemaker/Home-Health Occupations

Virginia Polytechnic & State University
Victoria Fu, Team Leader (Phase I)
Louise Bates   Howard Protinski

Texas Woman's University
Vera Taylor, Team Leader (Phase II)
Candy Blair   Gwen Morrison
Nan Davis   Dolly Thiem
Ralph Leach   Carol Wheeler-Liston

Clothing and Textiles Occupations

Iowa State University
Irene Beavers, Team Leader
Barbara Baker   Ruth Martin
Kathleen Beery   Sylvia Wallace

Foods and Nutrition Occupations

East Carolina University
Vila M. Rosenfeld, Team Leader
Laveitta Brinson   Lilla Holsey
Peggy Elliott   Tula Satterfield
Kerry Jones Smith

Equipment, Family Housing, and Home Furnishings Occupations

Southern Illinois University
Rose Mary Carter, Team Leader
Ernest Bryant Connie Moore
Margie Doolen Debbie Purcell
Janice LaBude Debbie Snider
Janice Moon

Pre-employability Orientation to Home Economics

North Dakota State University
Patricia Murphy, Team Leader
Francine Hultgren Cecile Olson
Carol Johnson Jane Plihal
Iva Thielges

Home Management and Family Economics Occupations

University of California at Davis
Janice Hamrin, Team Leader (Phase I)
Barbara Adams Joyce McAvoy

California State University, Fresno
Gwen Cooke, Team Leader (Phase II)
Ann Bauer Jan Movey

Principal Investigator

Purdue University
Phyllis Lowe, Principal Investigator
Marilyn Ambrose Deborah Belter
Leslie Arner Helen Cavanaugh
Susan McCarty

The following people comprised our Advisory Committee. We are grateful to each of them for their generous giving of time, support, and counsel.

Lewis M. Abernathy
Director
Manpower and Industrial Relations Institute
North Texas State University

Grace Chapin
Assistant Director
Homemaker Home-Health Aide Service of National Capital Area

Amanda Cummings
Assistant State Supervisor
Home Economics Education
Georgia State Department of Education

Richard J. Gaven
Director of Education
National Restaurant Association

Elizabeth Koontz
Department of Human Resources
North Carolina State Department

Richard Landmark
Executive Vice President
Council of Hotel, Restaurant and Institutional Education

Carmen R. Maymi
Director, Women's Bureau
U.S. Department of Labor

Elizabeth Nelson
Homemaker Field Counselor
Homemaker Home-Health Aide Service of Capital Area

Gen Olson
Director
Secondary Vocational Education
Anoka, Minnesota

Minerva Ritchie
Brownsville I.S.D.
Brownsville, Texas

Irene B. Rose
Child Care/Development Project Co-Director
Atlanta Area Technical School

Thompson W. Simpson
President (deceased)
Asheville-Buncombe Technical Institute

Isabel Streidl
Retired, Women's Bureau
U.S. Department of Labor

The assistance of personnel working with each team is deeply appreciated.

Mrs. Jo Ella Elliott
Director of Community Service
Tarrant County Junior College
Ft. Worth, Texas

Mrs. Virginia Langston
Northeast Campus
Tarrant County Junior College
Ft. Worth, Texas

Mrs. Kathryn Ragsdale
Tarrant County Junior College
Ft. Worth, Texas

Mrs. Margie Rubin
Tarrant County Junior College
Ft. Worth, Texas

Mrs. Dovie Webber
Tarrant County Junior College
Ft. Worth, Texas

Mrs. Ruth Wingo
Kaufman High School
Kaufman, Texas

Mrs. Roberta Henry
Trinity High School
Bedford, Texas

Mrs. Patricia Strickland
L.D. Bell High School
Euless, Texas

Dr. Virgil Bentley
Christian Care Center
Dallas, Texas

Dr. Willis Kirk
Christian Care Center
Dallas, Texas

Mrs. Charlene King
Christian Care Center
Dallas, Texas

The major contributor of this module was Carol Wheeler-Liston, Texas Woman's University, Denton, Texas.

TABLE OF CONTENTS

Page

FOREWORD iii

ACKNOWLEDGMENTS iv

INTRODUCTION 1

Background 1

Overview of Home Economics Education Occupations 2
Areas needing development 2
Ladders and lattices 3
Occupational clustering concept 4
Interrelationships and intersections of ladders 5

Evaluation of Materials 8
Field test design 9
Summary and technical report 10

RATIONALE 15

JOB DESCRIPTION 17

CAREER LADDER AND LATTICES FOR CARE AND INDEPENDENT LIVING SERVICES FOR THE AGING 19

DIRECTIONS TO THE TEACHER 21

Program Planning 21
Teacher Planning 22

LIST OF MODULES AND COMPETENCIES 27

ASSESSMENT INSTRUMENTS 31

Directions for Pre/Post Assessments 31

Pre/Post Keys Assessment Form A: Multiple-Choice 32

Pre/Post Keys Assessment Form B: True-False 48

Pre/Post Assessments Form A: Multiple-Choice 76

Pre/Post Assessment Form B: True-False 222

Affective Evaluations 288

MODULE I: ORIENTATION TO AND EVALUATION OF THE COURSE

Table of Contents. I-1

Orientation to the Course. I-2

Course Evaluation I-5

Appendix A: Learner Information Sheets. I-A1

Appendix B: Teacher Information Sheets. I-B1

Page

MODULE II: JOB OPPORTUNITIES AND EXPECTATIONS FOR AGING SERVICES

TABLE OF CONTENTS II-3

DIRECTIONS TO THE TEACHER II-5
    Orientation to Module II II-5
    Evaluation of Module II II-6

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES II-7

APPENDIX A: LEARNER INFORMATION SHEETS II-A1

APPENDIX B: TEACHER INFORMATION SHEETS II-B1

MODULE III: UNDERSTANDING AGING

TABLE OF CONTENTS III-3

DIRECTIONS TO THE TEACHER III-5
    Orientation to Module III III-6
    Evaluation of Module III III-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES III-11

APPENDIX A: LEARNER INFORMATION SHEETS III-A1

APPENDIX B: TEACHER INFORMATION SHEETS III-B1

MODULE IV: HUMAN RELATIONS SKILLS

TABLE OF CONTENTS IV-3

DIRECTIONS TO THE TEACHER IV-5
    Orientation to Module IV IV-6
    Evaluation of Module IV IV-8

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES IV-11

APPENDIX A: LEARNER INFORMATION SHEETS IV-A1

APPENDIX B: TEACHER INFORMATION SHEETS IV-B1

Page

MODULE V: MEETING PERSONAL CARE NEEDS

TABLE OF CONTENTS V-4

DIRECTIONS TO THE TEACHER V-5

Orientation to Module V V-6
Evaluation of Module V V-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES V-11

APPENDIX A: LEARNER INFORMATION SHEETS V-A1

APPENDIX B: TEACHER INFORMATION SHEETS V-B1

MODULE VI: NUTRITION AND FOOD HANDLING FOR AGING SERVICES

TABLE OF CONTENTS VI-3

DIRECTIONS TO THE TEACHER VI-5

Orientation to Module VI VI-5
Evaluation of Module VI VI-6

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES VI-11

APPENDIX A: LEARNER INFORMATION SHEETS VI-A1

APPENDIX B: TEACHER INFORMATION SHEETS VI-B1

MODULE VII: MEETING HOME MANAGEMENT NEEDS

TABLE OF CONTENTS VII-3

DIRECTIONS TO THE TEACHER VII-5

Orientation to Module VII VII-6
Evaluation of Module VII VII-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES VII-9

APPENDIX A: LEARNER INFORMATION SHEETS VII-A1

APPENDIX B: TEACHER INFORMATION SHEETS VII-B1

Page

MODULE VIII: MEETING HEALTH CARE NEEDS

TABLE OF CONTENTS VIII-3

DIRECTIONS TO THE TEACHER VIII-5

Orientation to Module VIII VIII-6
Evaluation of Module VIII VIII-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES VIII-11

APPENDIX A: LEARNER INFORMATION SHEETS VIII-A1

APPENDIX B: TEACHER INFORMATION SHEETS VIII-B1

MODULE IX: LEGAL AND ETHICAL CONCERNS

TABLE OF CONTENTS IX-3

DIRECTIONS TO THE TEACHER IX-5

Orientation to Module IX IX-5
Evaluation of Module IX IX-6

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES IX-9

APPENDIX A: LEARNER INFORMATION SHEETS IX-A1

APPENDIX B: TEACHER INFORMATION SHEETS IX-B1

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

INTRODUCTION

Background

An urgent need exists for trained workers in the human services industry at all levels. Failure to recognize that definite skills are needed whether home-related tasks are performed inside or outside the home has relegated many of these services to dead-end jobs. Consequently, jobs of this nature are not sought but rather are accepted only by those lacking the education or training for more prestigious positions.

Society ends up the loser from this state of affairs because persons enjoying a high standard of living are unable to procure satisfactory home-related services, and persons with no alternative but to accept low-paying service jobs find few satisfaction in the work. These persons often though employed full-time, are unable to support themselves sufficiently to avoid welfare status.

The American Home Economics Association, recognizing both the needs of the individuals employed in home-related service jobs and those of society, sought funds to develop a system for training and providing upward mobility opportunities for workers in the human service occupations.

In June of 1974 the United States Office of Education, Bureau of Occupational and Adult Education, awarded the American Home Economics Association a 30-month contract to develop and field test non-graded, competency-based teaching modules in the areas of occupational home economics. Prior to this juncture in time, occupational curriculum development in home economics had primarily consisted of scattered and individualized efforts.

The contract for the project divided the work into two phases. Phase I of the project involved a state-of-the-art study which was the development of a computer-generated annotated bibliography of curricula currently available in occupational home economics. A study was also completed concerning the bases used for making curriculum decisions by home economics teachers, state and local supervisors, home economics teacher educators, and state directors of vocational education. Phase II involved the development, field testing, and revision of non-graded, competency-based teaching modules to meet the identified curricular needs which in turn help meet societal need.

Overview of Home Economics Occupations

Ten modules were developed by this project. They build upon an earlier AHEA project in which home economics career ladders and lattices were identified and developed, findings from Phase I of the project which identified areas of curricular need, and the bases for making curriculum decisions. The modules further encompass a clustering concept to enable the learner to be prepared with a group of skills that are common to several jobs rather than preparation for a single job.

Areas Needing Development

From an examination and analysis of the annotated bibliography developed during Phase I, areas of curricula needing development in the various occupational areas were identified for competency-based teaching module development. The titles were chosen in relation to newly emerging occupations as well as those described in home economics career ladders and lattices. The modules developed by this project are:

- Care and Independent Living Services for the Aging
- Fabric and Textiles Merchandising
- Clothing Alterations
- Fast Food Services
- Catering Services
- Furnishings and Housing Maintenance Services
- Window Treatment Services
- Housing Management Services
- Consumer Services
- Securing Employment in Home Economics Occupations

Ladders and Lattices

Upgrading human services at all levels continues to be an objective of the American Home Economics Association. This concept was given impetus through a contract with the United States Department of Labor during which Career Ladders and Lattices in Home Economics Related Areas: Possibilities for Upgrading Household Employment was developed. Approximately 27 career ladders in home economics occupations are identified in this publication. The ladders are based on knowledge and skill in one or more areas of home economics and points on the ladders where intersections (lattices) to other ladders occur are delineated.

Career ladders identified in clothing and textiles are merchandising, dry cleaning, clothing alteration, clothing design and construction, and theatrical costuming. Ladders in the family relations and child development area include those jobs in child care centers, day schools for handicapped children, recreation centers, institutions, and private education. Opportunities identified on the foods and nutrition ladder are dietetics, extension, school food service, airline foods, and restaurants. The home management and family economics ladders are in public housing, homemaker services, and private households. Household equipment, appliance repair, and interior design/decorating are the titles of ladders in housing, furnishings, and equipment.

The modules were developed around and beyond these ladders already in existence. Each module developer analyzed the job inventory and expanded the ladder to include emerging occupations as well as latticing with other areas. This career ladder base helps to insure that learners are prepared for jobs that do exist and are available to them. The ladder concept further provides for both horizontal and vertical mobility in the career field. This is then expanded by cluster training which provides opportunities for mobility (latticing) to other career ladders.

Each of the modules (except for Securing Employment in Home Economics Occupations) can be found on a career ladder in the human services occupations. The complete ladder for each particular module can be found in the respective modules with an accompanying explanation of its lattice relationships with other areas.

Occupational Clustering Concept

One of the guiding principles of the project and one fundamental to the use of the modules is that of clustering. Clustering is based upon the concept of preparing learners for several related jobs through the teaching of common skills. Since most people change jobs several times throughout their lifespans, clustering offers a definite advantage to both employer and the employee. Workers are able to switch from job to job with a minimal amount of retraining.

Another advantage of the clustering approach is that it affords learners a chance to mature before making their occupational choices. Through clustering they are prepared to work on several jobs in a given area of work.

Clustering differs from traditional vocational education in that learning experiences are provided the learner which encompass a group of competencies for entering several related occupations. Traditional vocational education programs train the learner for a specific job with very specific skills.

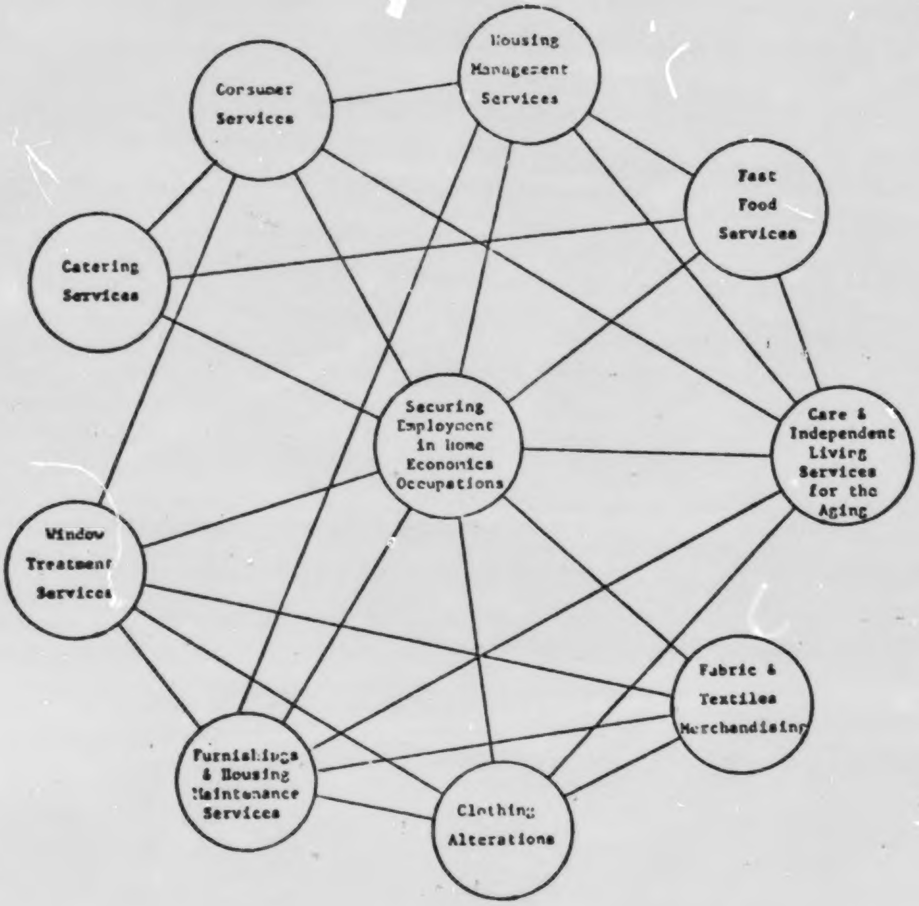
According to Weagraff (1974) there are generally three methods for developing clusters. They are sociological/psychological, descriptive approaches, and task analysis approaches. The sociological/psychological approach utilizes the aspects of occupational choice and worker functions as its foundation. Proponents of this approach have used two and three-dimensional matrices of occupational families arranged in order of status and occupational areas. Descriptive approaches describe jobs and group them together on the basis of broad generalities.

Task analysis approaches use job analysis techniques in which occupational groupings are based upon similarities in various jobs. Functional skills and knowledge are identified. Those techniques, skills, and knowledge that are common to several jobs are then grouped together. The module developers used task inventories as the bases for the modules' competencies. The job analyses were obtained from a variety of sources. In the case of emerging occupations, where no task analysis or inventory had as yet been done, the module developers generated this on their own. This involved interviewing both employees and their respective employers. They were each asked to delineate the tasks involved for the job. Collectively, these data were used to compile the task inventory. The clustering concept can be minimally extended to the modules as an entire group since the modules each have some competencies and skills appropriate to other modules.

Interrelationships and Intersections of Ladders

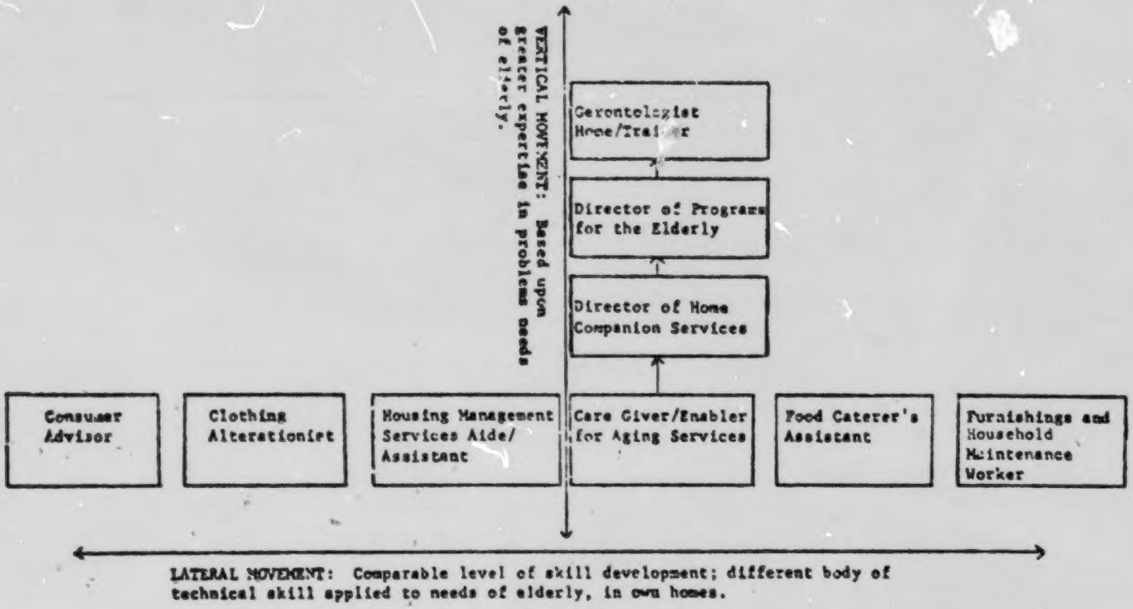
The individual ladder for each of the occupational areas in the respective modules shows the primary lattice relationships to other modules. The following diagram is a representation of most of the possible intersections among the ladders of the various modules. Because of the competencies required for respective modules, some have greater job mobility than others.

Diagram 1. Interrelationships of the Module's Ladders


Housing Management Services
Consumer Services
Fast Food Services
Catering Services
Securing Employment in Home Economics Occupations
Care & Independent Living Services for the Aging
Window Treatment Services
Fabric & Textiles Merchandising
Furnishings & Housing Maintenance Services
Clothing Alterations

The following excerpt demonstrates vertical mobility within a job cluster and lateral mobility among clusters. Common dimensions relate to provision of services for individuals in their own homes and focus on a specific population, the elderly. Vertical mobility varies with degree of expertise; lateral movement varies with the application of a different body of technical skill to the needs of the elderly. Knowledge of the unique needs of the elderly, application of a body of technical expertise and the ability to identify and use community resources are common threads pervasive throughout the lattice shown.

Diagram 2. Vertical and Lateral Mobility for Modules


VERTICAL MOVEMENT: Based upon greater expertise in problems needs of elderly.
Gerontologist Home/Trainer
Director of Programs for the Elderly
Director of Home Companion Services
Consumer Advisor
Clothing Alterationist
Housing Management Services Aide/ Assistant
Care Giver/Enabler for Aging Services
Food Caterer's Assistant
Furnishings and Household Maintenance Worker
LATERAL MOVEMENT: Comparable level of skill development; different body of technical skill applied to needs of elderly, in own homes.

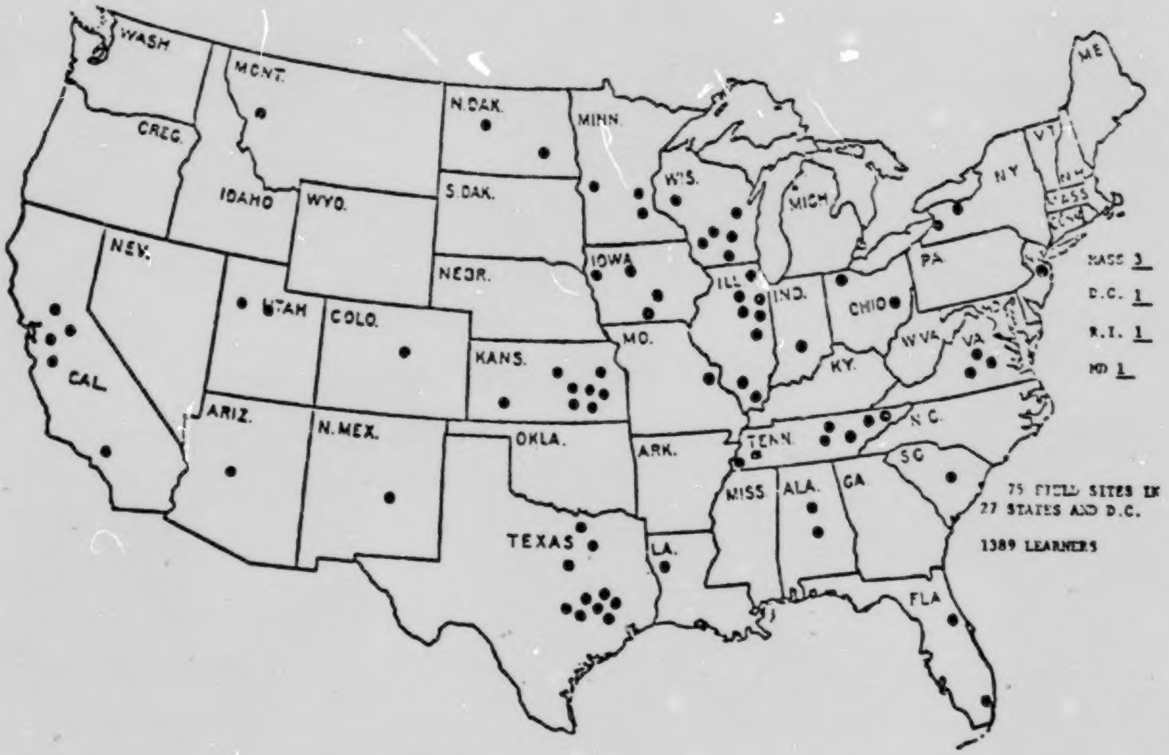
Securing Employment in Home Economics Occupations has no occupational ladder. Rather, this module focuses on those knowledges, skills, attitudes, and behaviors which are essential to obtain and maintain employment. It should be used in conjunction with or prior to each of the other modules to adequately train a learner.

Evaluation of Materials

All modules developed by this project were field tested in 1976. Persons were invited to express their interest in field test participation through a variety of avenues. An open invitation was extended at the AHEA annual meeting in June of 1975 and followed with a notice in the August 1975 issue of AHEA Action. Letters were mailed to state and local vocational home economics supervisors in the 50 states and U. S. territories. Module developers also made personal contacts with professionals around the country to promote applications for field test participation. A total of 207 responses were received from which the 88 field test sites were selected, representing 1760 learners.

Field test teachers representing 29 states and the District of Columbia were selected by the module developers in terms of criteria established cooperatively with contract personnel. The criteria included teacher qualifications and experience, recommendation by state supervisors, acceptable minimum number of learners, type of educational setting, age level of learners, and geographic location. All modules were field tested in sites with learners in at least two of three identified learner levels (secondary, post-secondary, adult) and in both school and non-school settings. Resulting class drop outs, reduced the field test sites to 75 with 1389 learners represented as indicated on the map which follows (Diagram 3).

Diagram 3. Distribution of Field Test Sites


WASH
MONT.
N.DAK.
MINN.
OREG.
IDAHO
WYO.
S.DAK.
WIS.
MICH.
NY
VT
NH
MASS
CONN
ME
NEV.
UTAH
COLO.
NEBR.
IOWA
ILL.
IND.
OHIO
PA
MD
WVA
VA
KY.
CAL.
KANS.
MO.
ARIZ.
N.MEX.
OKLA.
ARK.
TENN.
N.C.
SC
MISS.
ALA.
GA
TEXAS
LA.
FLA
MASS 3
D.C. 1
R.I. 1
MD 1
75 FIELD SITES IN
27 STATES AND D.C.
1389 LEARNERS

Field Test Design

The study included two components: 1) a descriptive assessment of the effectiveness and usability of the modules by the 75 field test teachers, and 2) an assessment of performance on competencies of 75 groups of learners who studied the modules as treatment. The module assessment instrument used for the first component of this study was developed solely for field test and research purposes. Whereas, the pre/post assessment instruments used in the second component of the study are included as integral parts of each module.

The data collected from the module assessment by field test teachers were used to revise the modules prior to publication. This instrument was tested for content validity by presentation to the six module developers and to a jury of five professionals recognized in the field of curriculum developement and measurement. The jury classified each item according to the criterion measured (effectiveness or usability) and the component addressed (competencies, objectives, suggested strategies, references and resources, assessment instruments, learner information sheets, or overall evaluation). The minimum acceptance level for an item on this instrument was established at .70.

The pre/post assessment component consisted of an analysis of change in learner performance on the competencies in the modules. The pre/post assessments were submitted to juries to establish the quality of the instruments. The following are the quality standards and the minimum acceptance levels which were established: content and/or temporal reliability, .85; objectivity, 100% agreement by the jury; content and construct validity, more than 50% agreement by the jury.

Summary of Technical Report

A detailed technical report of the data analysis and discussion of the findings is on file with the American Home Economics Association and the Office of Education. However, the general research design and conclusions drawn are presented here to indicate to the user, the quality of the modules which comprise this project.

A total of six hypotheses were tested using data collected from 75 field test teachers and 1389 learners. Data from the pre/post cognitive test provided the basis for testing the first two hypotheses, namely:

1. Learners will increase in level of competency from pre to post assessment based on competencies incorporated in specific occupational modules.

2. Level of learner competency as measured by pre and post assessment will not vary with differences in educational setting and learners' educational level.

Using the data from the teacher opinion assessment, the remaining hypotheses were tested, namely:

3. The majority of teachers will judge the components and overall assessment of the curriculum module to be usable.

4. The majority of teachers will judge the components and overall assessment of the curriculum module to be effective.

5. There is no difference in teacher judgment as to the usability of the modules when the teachers have a

   a) varied educational background
   b) different number of years teaching experience in vocational home economics
   c) different number of years work experience in home economics related jobs other than teaching.

6. There is no difference in teacher judgment as to the effectiveness of the module when teachers have a

   a) varied educational background
   b) different number of years teaching experience in vocational home economics
   c) different number of years work experience in home economics related jobs other than teaching.

In order to test the hypotheses, various statistical treatments were administered. Although 1389 learners in 75 field test sites provided data on the the modules, due to the late spring field tests, not all of the data could be used. In general a few sites provided only pre test data or vice versa; early employment and pupil drop-out accounted for incomplete test data for some learners. Data were restricted to those learners who had completed both the pre and post assessments for hypothesis one, that there was a gain in learners' achievement. Mean gain scores were determined from differences between the pre test mean score and post test mean score for each module. A correlated sample _t_ test was run for eleven modules(Catering Services levels I and II were analyzed separately). Hypothesis two was first submitted to an analysis of covariance for the six modules which had field test data in different levels and settings. In order to determine whether or not different educational levels and in-school or out-of-school educational settings made a difference in the quality of the modules, it was essential to be sure that the learners in these different levels and settings were starting at the same point. Therefore, an analysis of covariance test was applied to the data to determine the homogeneity of the learners. In testing hypotheses three, four, five, and six that teachers regardless of background, would judge the modules to be usable and effective, an item by item inspection of the data was overwhelmingly clear without further statistical treatment.

Results of the data collected and statistically analyzed from the learners pre/post cognitive test, indicated that all of the curriculum modules revealed a gain in learner achievement. The modules were indeed effective in increasing the learners' competencies identified within each module. Since it was established that the groups were homogeneous, these results demonstrated that the modules were equally effective with different settings and learner levels. Consequently, the modules were found to be appropriate and effective for teachers in school and non-school settings and for secondary, post secondary, and adult learners.

Data collected from teacher opinions of the modules relative to hypotheses three, four, five, and six, showed a clear majority of teachers who rated the modules as usable and effective. An item by item inspection of the data from the teacher assessment indicated that the components (competencies, objectives, suggested strategies, references/resources, evaluation instruments, learner information sheets, and overall assessment of the modules) were given similar ratings. There was almost unanimous agreement among the teachers that each item on the assessment form, representing all of the components set forth above, was excellent, good, or at least average. Since these teachers came from different geographical areas and varied backgrounds such as Bachelors', Masters' or other degrees; teachers with several months or 15-20 years teaching and work experience, and since all of them judged the modules similarly as helpful tools facilitating learning, the modules are deemed to be generalizable for innumerable situations.

Field test teachers were encouraged to add constructive comments related to their particular modules. In addition, teachers kept a daily curriculum log identifying objectives, strategies and references and/or resources used with reasons for including or omitting them. Some comments were:

"well thought out curriculum..."

"something for each student..."

"wished we could have studied this longer..."

"the real beauty is the adaptability..."

"am impressed with it..."

"learned a number of things we would not have been exposed to had we not done the module..."

"certainly gives plenty of references..."

"games and worksheets were both enjoyable and stimulating..."

"participating in field testing has to be our success story, fun, and challenge for 1976..."

"strategies are varied and realistic..."

"have never seen all of these topics brought together into one resource..."

"can see the possibilities of developing a course based on these modules and ideas..."

"allows for creative input..."

"easy to use..."

"relevant..."

"complete..."

"serves purpose well..."

"reinforcement without repetition."

In summary, field testing results indicated that the learners did indeed achieve in competency after completing the modules, whether they were secondary or post secondary students or adults in a non traditional setting. Throughout the country, the modules were found to be useful and effective for a wide range of learners and a variety of settings. Teachers judged the modules to be effective and usable regardless of their educational background, or teaching or work experience. Here then are ten quality products that have been planned, developed, and field tested to answer a relevant need of teachers and learners in the home service occupations areas.

References

American Home Economics Association. Career ladders and lattices in home economics related areas: Possibilities for upgrading household employment. Washington, D. C.: Author, 1971.

U.S. Department of Labor, Bureau of Labor Statistics. Occupational outlook handbook, 1974-75(Bulletin #1785). Washington, D. C.: Author, 1974.

Weagraff, P.J. The cluster concept: Development of curricular materials for the public service occupations cluster. Unpublished paper, California State Department of Education, 1974.

RATIONALE

The number of people sixty-five years of age and older in the United States today is almost 22,000,000. By the year 2000, that number is expected to be over 30,000,000. About 5 per cent of today's aging Americans live in institutions while chronic health conditions limit 38 per cent of older persons in their major activity (working or keeping house). About 18 per cent of persons 65 and over are restricted in their mobility due to chronic conditions. Five per cent of these are homebound.[1] Services to provide alternatives to institutional care for these several millions of people are sorely needed.[2]

Although services which enable the older person to live an independent, dignified, and purposeful life are greatly needed, there are some areas which require the most immediate attention. Among the most significant areas is that of providing home help to individuals who are unable to manage alone or with their elderly partner. These people, usually seventy-five years and older, find that there are no workers who are trained, interested, or even aware of their need. In many cases where the older person can afford to pay for help, the trained help is just not available.

Several changes are taking place which make the need for trained persons in this field even greater. One is the present movement toward some kind of national health-care legislation, in which personal care organizations or related community-based service organizations are seen as required for total health care. The second is the continuing rise in the cost of institutionalization. The costs, alone, will cause communities to start searching for alternatives. Another important factor is the nature of the soon-to-be-elderly person. The elderly of the future will have a different concept of professional help. They will expect the community to provide certain services and they will continue to be a functioning part of the community, refusing to be denied, neglected, or ignored.[3]

The need for trained persons to provide this care is self-evident. What is obvious as well is the great need for a helper in the homes of our aging American who can give care directly or enable other aging services needs to be met by existing agencies/community resources. These sensitive, alert, trained personnel serve not only the physical needs of the older person, but also the psychological and social needs.

The competencies of these caregivers/enablers will also transfer to institutional settings. In such settings the availability of the team of helping professionals will not require the same breadth of competencies needed by the worker in a home setting. The greatest need for workers is projected for home settings.

---

[1] Facts about older Americans, 1975 (DHEW Pub. No. (OHO) 75-20006). Washington, D.C.: U. S. Government Printing Office, 1975.

[2] Positive approaches to selecting alternative living arrangements for the elderly. East Hanover, New Jersey: Sandoz Pharmaceutical, Inc., 1975, pp. 5-9.

[3] Bell, W. A. Community care for the elderly. An alternative to institutionalization. The Gerontologist, 13, p. 352.

In anticipation of significant growth in an area of unmet need, training of the home setting must begin immediately. Training, itself, will build occupation recognition and demand. Such a trained person, competent to meet the diverse needs of the client in a caring way, with a home setting may be called a Home Helper. This title reflects the setting, the service, and the position as part of a team of helping professionals. Home Economics provides a vital framework for training in this occupation because of its concerns for both families and individuals and the development of diverse supportive skills. Post-secondary settings are most immediately available to provide the training, although training need not be limited to the older student. Identified community needs can provide the impetus for organization of appropriate training. State Department of Human Services or Public Welfare are beginning to offer these services and express a need for appropriate training programs.

In summary, the number and proportion of aging persons are increasing. The large majority of these persons need a competent caring person to facilitate the meeting of their individual needs in a home setting. The worker will be employed by either the older person, the family, or a social agency. Competencies required are comprehensive in scope and flexibly utilized to meet individual needs.

JOB DESCRIPTION

In order to provide care and to support independent living in aging services, a trained helper in the home, functions as part of the team of helping professionals and/or as a supplement for the direct care and assistance from family members. This worker may be called a Home Helper since this term succinctly identifies the setting and the services. However, the skills needed are both caregiving and enabling skills. The Home Helper manages the meeting of a diversity of needs through direct care, through cooperative efforts with the client, and through utilization of other resources. The Home Helper is a key member of the team of helping professionals because of the intimate continuing contact with the client and because of the comprehensive nature of the job.

The primary goal of the job is always to enhance the dignity and independence of the older person. Therefore, the Home Helper must apply to the diverse tasks an understanding of the physical, psychological, and socioeconomic changes related to aging. Concomitant with these understandings is a knowledge of and commitment to individual differences that may be personal, ethnic, or cultural.

Home Helpers must effectively utilize both verbal and non-verbal communication skills, must have an understanding of themselves as well as of their clients, and must be able to relate positively and supportively to others. These human relations skills enable the Home Helper to plan effectively with and for the client and to evaluate and modify services as needed.

Although tasks related to personal care include personal cleanliness, grooming, and sanitation, personal care also encompasses meeting other psychological and social needs of the client through appropriate social, recreational, work or educational activities. Often this dimension of personal care requires an awareness of community resources, as well as state or national programs and resources.

In many homes, the Home Helper is responsible for food handling and supporting good food habits and nutrition. Many Home Helpers have rich life experiences in food buymanship and preparation. For this job they also need special knowledge of nutritional needs for aging persons, appropriate food preparation, storage, sanitation, safety, and management. Most importantly, they need to appreciate the social and psychological importance of meal times as well as the physical.

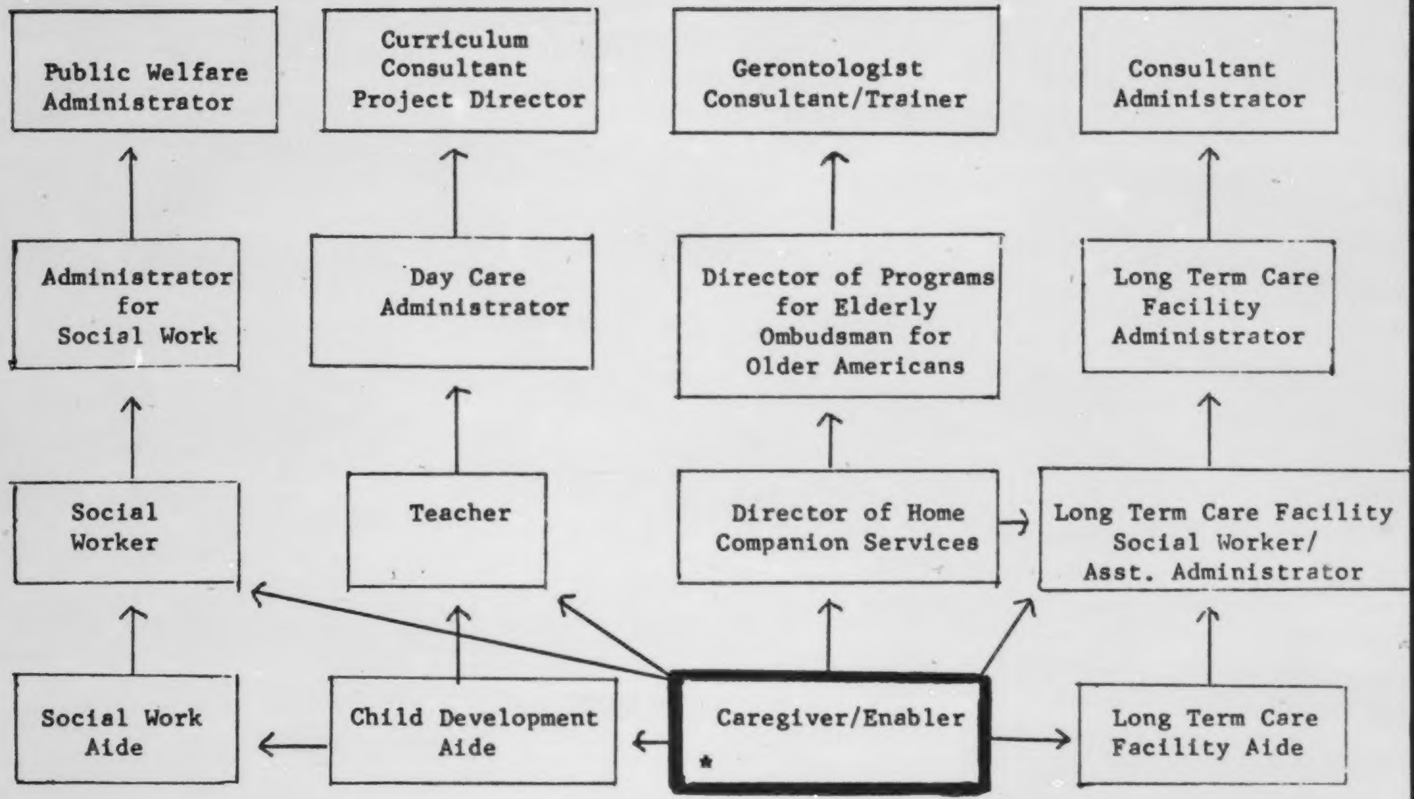
A Home Helper is able to work in diverse home settings to meet the home management needs of the client. A key part of this reponsibility is planning with the client, family, or agency, so that the client maintains maximum independence and responsibility congruent with physical health. Safety is a salient concern in this task area.

The Home Helper has critical responsibilities in meeting health care needs. The specific assumed or assigned responsibilities vary by state. Types of responsibilities include following precisely, health instructions in relationship to recordkeeping, mobility, medication, and the checking of vital signs. Often the Home Helper must be prepared to perform appropriately in the case of health emergency. The unique needs of each client will require specialized knowledge of a particular infirmity or chronic health problem.

The unique characteristics and problem of aging persons require that the Home Helper be cognizant of both the legal and ethical limits of responsibilities assumed or assigned. It is an integral part of the working agreement, the responsibility on the team of helping professionals, and the responsibility to and for the aging person.

Thus, the Home Helper has unique knowledge of and appreciation of aging persons. Home Helpers are positive, supporting, caring persons with comprehensive skills that are focused on the unique needs of each client. Because of the continuous intimate contact with the aging client, Home Helpers are particularly sensitive to the varied needs of that individual and to physical and psychological changes. Their role includes meeting needs directly, facilitating responsibility on the part of the client, and enabling needs to be met by other resources in the family or community. Their key objective is to support independence and to enhance the quality of life for those older persons they serve.

CAREER LADDER AND LATTICES FOR CARE AND INDEPENDENT LIVING SERVICES FOR THE AGING


Public Welfare Administrator
Curriculum Consultant Project Director
Gerontologist Consultant/Trainer
Consultant Administrator
Administrator for Social Work
Day Care Administrator
Director of Programs for Elderly Ombudsman for Older Americans
Long Term Care Facility Administrator
Social Worker
Teacher
Director of Home Companion Services
Long Term Care Facility Social Worker/ Asst. Administrator
Social Work Aide
Child Development Aide
Caregiver/Enabler *
Long Term Care Facility Aide

*Focus of this module

DIRECTIONS TO THE TEACHER

This module includes overall assistance with program planning, introduction to the materials, all objective assessments for each training module, a guide for activities for orienting the learner to the course, and identification of key resources. These resources include human resources, agency resources, organizations, books, pamphlets, and films. A review of the Contents page for the entire curriculum will elucidate the pagination system. Materials to be duplicated for student handouts or testing are on white paper. Materials that serve primarily as teacher reference for an individual module (Rationale and Directions to the Teacher) are pink. Each Strategy section (Competencies, Objectives, Suggested Strategies, and References and Resources) is green. Teachers found the color-coding system supportive of classroom management.

Program Planning

Procedures. The first step is a needs assessment and the creation of an appropriate advisory committee. Important to the committee are representatives of associations of elderly persons, vocational home economics, Office of Aging, Departments of Public Welfare, and community agencies concerned with aging services.

Upon completion of a needs assessment, appropriate training can be designed and a pool of potential learners identified. Some learners will be currently employed in public programs designed to provide services and will be already obligated to participate in appropriate training. Some learners will be mature homemakers with limited academic skills who seek employment at basic levels in the helping professions. Some learners will be young adults training for foundation experiences in aging services.

Training plans must be individualized to the community needs and the capabilities of the learners. During the field testing in the development of this curriculum, a number of alternative arrangements were explored:

1. In-school and out-of-school settings
2. Secondary and adult education levels
3. Single and team-teaching arrangements
4. Daily classes for eight weeks with half of each day spent on the job.
5. Full-time daily classes for eight weeks
6. Weekly seminars
7. Training in selected modules of greatest need

In almost all cases, the teachers were home economists. These home economists taught at geriatric centers, in adult education programs, in secondary schools, in community colleges, and for community agencies. The State Supervisors of Home Economics are identified in Appendix B of this module as sources for appropriate personnel.

The support for Vocational Education, for Aging, Blind, and Disabled, for Office of Aging, and for CETA and individual providers under Title XX provides a variety of monetary bases to assist the program planner. The field tests conducted during the development of the curriculum were supported by churches, community colleges, Title XX, Governor's Office on Aging, adult education, consumer education, and vocational home economics. A well-selected Advisory Committee will be a great help in planning, implementing, and evaluating a training program.

Implementation Concerns. Problems which reoccurred throughout test sites need to be emphasized. First, reading levels were sixth-grade or lower. It is difficult to obtain appropriate written resources, and teachers find themselves teaching essential terminology and job-related reading skills. Secondly, it is vital and feasible to arrange financial support (transportation and/or stipend) for learners. Many simply do not have personal resources to finance a training period. Lastly, the Home Helper is an emerging occupation, a trained, caring worker with comprehensive skills. Yet, these skills are also limited by the level of training and by certain legal proscriptions. The teacher needs to facilitate the definition of the Home Helper to the client population and to the employing agency or family.

Curriculum Assets. The assets of the curriculum as we have experienced it are focused on format, creative teaching, resources, and job delineation. Students, teachers, and administrators like the competency base, the specific objectives and the overall format. The experiential approach is spelled out in a wide variety of strategies. Teachers have implemented new techniques with significant success. The resources found in the appendices have been of great immediate help to the teachers. The focus of the curriculum is a trained worker with a wide spectrum of supportive competencies for aging services. As the need for workers is increasingly apparent, policy-makers are also recognizing the need for trained persons with a wide spectrum of basic competencies in their job description.

Teacher Planning

Competency-Based Approaches to Planning. This curriculum is founded on a competency base. Each training module identifies the competencies desired in that particular area of training. Module I includes pre assessments and post assessments in both multiple choice and true-false forms for each of the levels of competency, and provide an objective basis for the selection of objectives and strategies to be pursued with a given group of learners. In order to reach competence, the teacher may select strategies that will allow learners to pursue activities individually and in groups. The creative teacher will develop alternative strategies to fit particular learner needs or situations. Cooperative teacher-learner assessment of progress is integral to the progress of reaching competency. Both the time to reach competency and the strategy that supports that growth will vary by student in competency-based teaching.

Teaching Experientially. This approach relies heavily upon learning experiences (e.g., role plays, discussions, projects, field trips) either to present the information to be learned, or to integrate affective skills with information presented in a more objective or traditional manner (e.g., lecture, reading assignments). The experiential approach has been selected for two reasons. First, the very nature of the Home Helper's job relies heavily upon the ability of a person to integrate the human relations and communication skills into all of the "technical" parts of the job. These skills are in the affective area and can only be learned effectively by practicing them under supervision, i.e., experientially. Secondly, it is assumed that many learners who will be participating in the training will themselves be older persons who have not been involved in "academic" work for some time. For these learners, one of their basic strengths as potential Home Helpers will lie in their ability to learn from experience.

Preparing the learners. Some of the learning experiences the teacher will be utilizing (i.e., those in the Get Acquainted and Warm-up Exercises, role plays) may well be unfamiliar to a group of learners. These types of learning experiences are viewed as most threatening by the learner who does not understand their purpose/value. This lack of understanding makes the experiences appear a bit mysterious/frightening, and can make the learner feel manipulated by the teacher. Therefore, preparation of the learners for participation in these experiences will be important to prevent them from becoming too anxious and thus unable to learn.

Such preparation would include explanation of the goals of each exercise/ experience, as well as helping them understand the parallel between these types of learning experiences and their ability to learn from real life experiences. It is also important that the teacher participate in most of these experiences personally. The teacher's willingness to risk exposure of feelings will engage the trust of the learners and decrease the fear of manipulation.

For most learners, the relationship between the course experiences and the employment competencies will be of great interest. The breadth of competencies sought and the importance of the role on the team of helping professionals will build pride in the trainee and help to motivate learning effort.

Selection of Strategies. The course design provides the teacher with basic strategies and resources for developing an effective training program. The teacher selects the strategy or training method most useful in obtaining the training objective for the learner(s). This is true for both school and out-of-school settings. Various strategies, methods, and techniques are summarized in the Teacher's Glossary in this Module, Appendix B, p. I-B1. In order to utilize many of the strategies effectively, the teacher must draw upon community resources from within each group of learners. Each teacher and each set of learners will differ and thus no two courses will be exactly alike.

Assessment Procedures. In order to facilitate valid assessment of competency, it will be important to explain to the learners its two-fold purpose. First, the teacher needs to recognize existing levels of competency as a foundation for learning; second, the teacher will utilize the assessment results, for both a collective assessment of learner needs and an assessment of individual/collective learner progress.

Each training module has four objective assessments, a pre and post assessment in both multiple choice (Form A) and true-false (Form B). Keys are also provided. Each post assessment represents a different arrangement of the items in the pre assessment, with overall order of increasing difficulty. The assessments require a minimum reading level (See Appendix B, p. I-B33, Learners with Special Needs). The number of items included in the assessment of all competencies are as follows: II, 20; III, 60: IV, 86; V, 80; VI, 52; VII, 51; VIII, 51; IX, 30. The total of 248/430 items preclude completing all assessments at a single sitting with either form.

Training Module II deals with Job Opportunities and Expectations, and is thus needed by all learners. It is practical in terms of assessment procedures, therefore, to test for Module II and Module III and IV, at the same time. The teacher can be prepared to teach Module II, and plan appropriately for Modules III and IV utilizing assessment results while Module II is in process. Then during the orientation to Module III, the pre-assessments for Module V and VI can be administered, and those for VII and VIII and IX at the start of Module IV. This allows plenty of time for preplanning, finding adequate local resources, and ordering of audio-visuals.

It is important to clarify assessment procedures and reassure learners so that results truly reflect knowledge rather than reading levels or test sophistication. Guessing is NOT desirable since it distorts the data received. Learners need to be alerted on Form A, Multiple-Choice to those questions shifting to "not true" answers. (Since our objectives include "Destroying myths on aging," it is inconsistent to offer many falsehoods to a relatively naive learner).

In addition to selecting a set of objective assessments for each module, the teacher will want to review carefully the introductory and evaluating activity for each module. These precede and follow the strategy sections. The orienting activities introduce the content, provide interface with other modules, and involve learners in the learning process. The evaluating activities are also affective and cooperative in nature, providing closure and enhancing self-direction.

Teacher Resources. Module I includes not only all assessment instruments for the nine modules in this curriculum, and their keys, but also lists of resources to be utilized in planning or teaching. State supervisors of Home Economics can be helpful in identifying capable teachers. Offices of Aging will probably be interested in extending home services to aging persons. Gerontological Centers can provide important resource materials and personnel. State and regional offices of public welfare, and area agencies on aging can provide information on various funding sources.

Module I also includes activities designed to introduce the entire course. The course's unique emphasis and flavor of the course require the development of appropriate teacher-learner relationships. The evaluation to the course provides learners with closure for this intensive training experience and a transition to the beginning of a new career as a trained member of the helping professional team.

Within each individual training module is a special set of resources important to the teaching strategies. Key resources are starred in order to facilitate implementation of this training in new geographical areas. Local resources, especially human resources, will need to be identified by the teacher. It will also be wise to seek out free or inexpensive up-to-date pamphlets or booklets for the learners. Since many of the pamphlets identified as appropriate in content and reading level are publications of the Government Printing Office, it is especially important to check for the most recent publications. Television programs and current movies should also be considered. The teacher and the learners will become sensitive to relevant reports in newspapers and magazines. Everyone concerned will be drawn to items on individual achievement and independence, caring approaches to services, legal rights and protection, safety, consumer buying, quality nutrition, the understanding of the aging processes and death, and creative caring ways to enable the meeting of human needs. Such items will vitalize the classroom and the learner experiences.

Utilizing the Appendices. The teacher appendix for each training module includes such resources as teaching exercises, content summaries, audio-visual guides, and case histories. As experience increases, the teacher will want to augment these resources with others developed from within the unique resources of each learning group and community. The learner appendices provide a source of class handouts for classroom strategies and the beginning of a professional file for the learner. Free or inexpensive up-to-date pamphlets and booklets also need to be obtained from local agency and government offices.

Module Interface. Through a review of the introductory and evaluating activities of all modules, an examination of the teacher appendices, and a thorough study of the teaching directions for each module, the teacher will begin the course well prepared for modular interface. The teacher's Glossary in Module I will help to clarify teaching strategies and techniques which may be new to some teachers. A variety of sources that will be helpful in several or all modules have been included. After becoming familiar with the overall design of the course, teachers have found that using each training module as a separate syllabus has been most functional in the classroom.

Handicapped Learners.--Learners may be quite capable of learning or of helping in a home setting despite personal handicaps. Since accepting physical limitations and discovering ways of meeting continuing needs is an essential part of adjusting to aging processes, the handicapped worker may provide a good role model for the client, being emphatic and independence-oriented. Appendix B, p. I-B33, Learners with Special Needs, provide specific suggestions for adapting classroom procedures to student needs.

Sexism.--At this time, a disporportionate number of women are in need of aging services. Also, a disproportionate number of female learners appear to bring related life experiences to the training situation preparing Home Helpers. However, it is vital for administrators, teachers, and Home Helpers to recognize that any member of the helping professional team or any client may be male or female. To emphasize this fact, this curriculum utilizes alternating "he" and "she" in referring to the teacher, Home Helper or client. In development of the curriculum, both sexes were represented among the administrators, teachers, trainees, clients and research team.

Safety. Integrated into various training modules are strategies directed toward maximizing safety for both the client and the Home Helper. Safety has physical, mental, economic, and legal ramifications and is of particular importance in working with aging services. Although the Office of Safety and Health Administration apparently does not regulate the individual home as a "working place" under its present charge, safe environments and procedures are essential for both human and legal reasons.

FHA-HERO. The Vocational Home Economics teacher working with Future Homemakers of America and Home Economics-Related Occupations will find a wide variety of the strategies appropriate for these activities. Building relationships with aging persons in home or institutional settings, involving senior citizens as human resources in organization or classroom activities, or designing projects to meet needs of aging persons are found in a variety of the modules; other activities can be initiated to meet local needs.

Legal Precautions. The aged and infirm in our society appear to have fewer legal protections than do children. Therefore, they are particularly vulnerable not only physically but culturally. The client may be unable physically or mentally to protect themselves, or may simply be unaware of either potential dangers or protections. Laws vary from state-to-state; therefore, it is vital that training include local regulations and interpretations. Module IX focuses on Legal and Ethical Concerns. It includes the Rights of Older Americans as defined for the Bicentennial, and a Code of Ethics for the Home Helper. Representatives of local and state regulatory agencies need to be identified as resources for the teaching of this module. This module also introduces Legal Precautions in Appendix B, p. I-B29. This is an expanded teacher note on Legal Precautions that need to be considered and thought through before beginning to teach the curriculum.

LIST OF MODULES AND COMPETENCIES

Title of Module	The learner will be able to:
II JOB OPPORTUNITIES AND EXPECTATIONS FOR AGING SERVICES	Understand the duties, responsibilities, and limits of the vocation of Home Helper in Aging Services.
	Recognize career alternatives in the field of aging, or related fields, available to a trained Home Helper.
III UNDERSTANDING AGING	Demonstrate understanding of and sensitivity to the physical, psychological, and socioeconomic characteristics of aging.
	Demonstrate understanding of and sensitivity to individual differences in aging Americans due to personal, ethnic, or cultural reasons.
IV HUMAN RELATIONS SKILLS	Utilize verbal and nonverbal communication skills in working with the aging.
	Understand and utilize problem-solving and decision-making skills in their work with the aging.
	Demonstrate the ability to use appropriately stress-reducing techniques in working with the aging.
V MEETING PERSONAL CARE NEEDS	Plan social, recreational, work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging.
	Utilize local, state, and federal resources/programs to enable the aging to maintain a dignified and purposeful lifestyle.
	Determine and utilize individual and other community resources available in meeting special needs of the aging.
	Assist the aging person in personal cleanliness, grooming, and sanitation.

Title of Module	The learner will be able to:
VI NUTRITION AND FOOD HANDLING FOR THE AGING SERVICES	Plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.
VII MEETING HOME MANAGEMENT NEEDS	Perform appropriate home management skills necessary to meet the needs of the aging in a home care situation.
	Determine, plan, and implement safety procedures appropriate for the home.
VIII MEETING HEALTH CARE NEEDS	Follow precisely health instructions for home settings with regard to record keeping, mobility, medication, and checking of vital signs.
	Assess a health emergency and perform first aid or other tasks appropriate to the situation.
	Facilitate mobility in the aging person consistent with physical ability.
IX LEGAL AND ETHICAL CONCERNS	Perform responsibilities within the legal and ethical limits appropriate to the needs and rights of the elderly as prescribed by law and the Rights of the Elderly from the White House Conference on Aging, 1961.

Directions for Pre/Post Assessments

Overall Description:

Form A is Multiple-Choice; Form B is True-False. Each includes a pre assessment and a post assessment and appropriate keys. Form A includes 248 items; Form B has 430 items. Assessment instruments are printed on white paper for ease in duplication. The individual training modules have items as follows:

		A	B
II	JOB OPPORTUNITIES AND EXPECTATIONS FOR AGING SERVICES	16	20
III	UNDERSTANDING AGING	28	60
IV	HUMAN RELATIONS SKILLS	36	86
V	MEETING PERSONAL CARE NEEDS	71	80
VI	NUTRITION AND FOOD HANDLING FOR AGING SERVICES	20	52
VII	MEETING HOME MANAGEMENT NEEDS	28	51
VIII	MEETING HEALTH CARE NEEDS	37	51
IX	LEGAL AND ETHICAL CONCERNS	12	30
		248	430

Protocols:

Learners involved in this training are likely to have significant test anxiety, both because of reading difficulties and fear of paper-and-pencil assessments. They will need repeated explanations of the competency-based education assumptions in order to become comfortable with assessments as a basis for planning learning experiences. Teachers found the following statement helpful:

> "The purpose of the assessment is to discover existing levels of competency and learning needs. No one will pass or fail. Together we will plan our experiences so that we can reach expected competencies in each area. Do not be upset if you cannot answer many questions. Do not guess. Eventually we will take the test again, and you will know the answers. This test will tell you what we will be learning about."

Reading Levels:

In this occupation, understanding and behaviors have first priority. If a learner's reading skills are minimal, it may be essential to administer the assessments verbally. Learners with sixth grade level reading skills will be able to complete the assessments as written. The purpose of the assessment is to discover learning needs. The purpose of the training is an interface of understanding and appropriate behaviors.

Multiple-Choice Assessment Key

II Job Opportunities and Expectations for Aging Services

Item	Answer	Objective
1	c	1.1
2	c	1.2
3	c	2.1
4	d	2.2
5	c	1.1
6	d	1.2
7	a	2.1
8	b	2.2
9	b	1.1
10	a	1.2
11	b	2.1
12	a	2.2
13	d	1.1
14	d	1.2
15	d	2.1
16	a	2.2

Multiple-Choice Assessment Key

II Job Opportunities and Expectations for Aging Services

Item	Answer	Objective
1	d	1.1
2	c	1.1
3	b	1.1
4	c	1.1
5	a	1.2
6	d	1.2
7	d	1.2
8	c	1.2
9	a	2.1
10	b	2.1
11	c	2.1
12	a	2.2
13	b	2.2
14	d	2.2
15	d	2.1
16	a	2.2

Multiple-Choice Assessment Key

III Understanding Aging

Item	Answer	Objective
1	c	1.1
2	c	1.1
3	d	1.1
4	d	1.1
5	c	1.2
6	b	1.2
7	c	1.2
8	d	1.3
9	a	1.2
10	a	1.3
11	c	1.3
12	a	1.3
13	a	1.4
14	a	1.4
15	c	1.4
16	c	1.4
17	b	1.5
18	d	1.5
19	c	1.5
20	b	2.1
21	a	2.1
22	b	2.1
23	c	2.2
24	a	2.2
25	b	1.5
26	a	2.1
27	d	2.2
28	a	2.2

POST III-A KEY

Multiple-Choice Assessment Key

III Understanding Aging

Item	Answer	Objective
1	a	1.1
2	c	1.2
3	b	1.3
4	c	1.4
5	c	1.5
6	a	2.1
7	a	2.2
8	c	1.1
9	c	1.2
10	a	1.3
11	d	1.4
12	b	1.5
13	b	2.1
14	a	2.2
15	c	1.1
16	b	1.2
17	d	1.3
18	a	1.4
19	b	1.5
20	c	2.1
21	d	2.2
22	d	1.1
23	a	1.2
24	c	1.3
25	d	1.4
26	b	1.6
27	a	2.1
28	c	2.2

Multiple-Choice Assessment Key

IV Human Relations Skills

Item	Answer	Objective
1	c	1.1
2	d	1.2 (& 1.1)
3	d	1.3
4	a	1.4
5	a	1.5
6	a	1.7
7	b	2.1
8	c	1.1
9	a	1.2 (& 1.1)
10	a	1.3
11	b	1.4
12	a	1.5
13	b	1.6
14	d	1.7
15	a	2.1
16	a	1.1
17	b	1.2
18	b	1.3
19	a	1.4
20	b	1.5
21	a	1.6
22	c	1.7
23	d	2.1
24	c	1.1
25	b	1.2
26	d	1.3
27	b	1.4
28	d	1.5
29	d	1.6
30	b	1.7
31	a	2.1
32	c	3.1
33	a,b,c	3.2
34	d	3.1
35	d	3.1
36	b	3.2

Multiple-Choice Assessment Key

IV Human Relations Skills

Item	Answer	Objective	Item	Answer	Objective
1	c	2.1	24	a	1.1
2	a	1.4	25	b	1.2
3	c	1.1	26	b	1.7
4	d	1.2 (& 1.1)	27	c	1.1
5	d	1.3	28	a	2.1
6	b	1.7	29	d	1.5
7	a	1.7	30	c	1.6
8	b	1.6	31	a,b,c	2.1
9	a	2.1	32	d	1.5
10	d	1.7	33	d	3.1
11	a	1.5	34	b	3.1
12	a	1.2 (& 1.1)	35	b	1.5
13	a	1.3	36	b	1.3
14	b	1.4			
15	a	1.5			
16	a	1.4			
17	a	1.6			
18	b	1.2			
19	c	1.7			
20	d	2.1			
21	b	1.4			
22	d	1.3			
23	d	1.6			

Multiple-Choice Assessment Key

V. Meeting Personal Care Needs

Item	Answer	Objective	Item	Answer	Objective	Item	Answer	Objective
1	d	1.1	25	a	2.1	48	a	4.2
2	c	1.2	26	a	2.2	49	a	4.3
3	a	1.3	27	b	2.3	50	c	4.4
4	d	1.4	28	d	3.1	51	b	4.5
5	c	1.5	29	d	3.2	52	b	4.6
6	d	1.6	30	c	4.1	53	c	4.7
7	b	2.1	31	c	4.2	54	a	1.1
8	d	2.2	32	c	4.3	55	a	1.2
9	b	2.3	33	d	4.4	56	a	1.3
10	d	3.1	34	c	4.5	57	a	1.4
11	a	3.2	35	d	4.6	58	a	1.5
12	d	4.1	36	a	4.7	59	d	1.6
13	c	4.2	37	c	1.1	60	c	2.1
14	a	4.3	38	d	1.2	61	b	2.2
15	a	4.4	39	d	1.3	62	c	2.3
16	d	4.5	40	b	1.3	63	d	3.1
17	d	4.6	41	b	1.5	64	c	3.2
18	c	4.7	42	d	1.6	65	a	4.1
19	d	1.1	43	d	2.1	66	a	4.2
20	d	1.2	44	b	2.2	67	b	4.3
21	c	1.3	45	d	2.3	68	c	4.4
22	a	1.4	46	d	3.1	69	b	4.5
23	a	1.5	47	d	4.1	70	a	4.6
24	d	1.6				71	d	4.7

POST V-A KEY

Multiple-Choice Assessment Key

V Meeting Personal Care Needs

Item	Answer	Objective	Item	Answer	Objective	Item	Answer	Objective
1	c	4.7	25	c	2.1	49	d	1.6
2	d	4.6	26	b	2.2	50	a	1.5
3	d	4.5	27	c	2.3	51	a	1.4
4	a	4.4	28	d	3.1	52	c	1.3
5	a	4.3	29	c	3.2	53	d	1.2
6	c	4.2	30	a	4.1	54	d	1.1
7	d	4.1	31	a	4.2	55	c	1.1
8	a	3.2	32	b	4.3	56	d	4.7
9	d	3.1	33	c	4.4	57	d	1.2
10	b	2.3	34	b	1.3	58	d	1.3
11	d	2.2	35	a	4.6	59	d	1.4
12	b	2.1	36	c	4.7	60	b	1.5
13	d	1.6	37	a	4.7	61	d	1.6
14	c	1.5	38	c	4.6	62	d	2.1
15	d	1.4	39	c	4.5	63	b	2.2
16	a	1.3	40	d	4.4	64	d	2.3
17	c	1.2	41	c	4.3	65	d	3.1
18	d	1.1	42	c	4.2	66	d	3.2
19	a	1.1	43	c	4.1	67	a	4.1
20	a	1.2	44	d	3.2	68	a	4.2
21	c	1.3	45	d	3.1	69	c	4.4
22	a	1.4	46	b	2.3	70	b	4.5
23	a	1.5	47	a	2.2	71	b	4.6
24	d	1.6	48	a	2.1			

Multiple-Choice Assessment Key

VI Nutrition and Food Handling for Aging Services

Item	Answer	Objective
1	b	1.1
2	b	1.2
3	d	1.3
4	b	1.4
5	a	1.5
6	a	1.1
7	d	1.2
8	d	1.3
9	a	1.4
10	a	1.5
11	c	1.1
12	a	1.2
13	b	1.3
14	c	1.4
15	d	1.5
16	d	1.1
17	c	1.2
18	b	1.3
19	c	1.4
20	c	1.5

Multiple-Choice Assessment Key

VI Nutrition and Food Handling for Aging Services

Item	Answer	Objective
1	d	1.3
2	b	1.1
3	b	1.2
4	a	1.5
5	b	1.4
6	a	1.5
7	a	1.4
8	a	1.1
9	d	1.2
10	d	1.3
11	c	1.4
12	d	1.5
13	b	1.3
14	c	1.4
15	a	1.2
16	c	1.5
17	c	1.2
18	c	1.4
19	b	1.3
20	a	1.1

Multiple-Choice Assessment Key

VII Meeting Home Management Needs

Item	Answer	Objective	Item	Answer	Objective
1	a	1.1	15	d	1.1
2	a	1.2	16	d	1.2
3	d	1.3	17	c	1.3
4	b	1.4	18	d	1.4
5	a	1.5	19	c	1.5
6	a	2.1	20	a	2.1
7	a	2.2	21	c	2.2
8	c	1.1	22	c	1.1
9	b	1.2	23	b	1.2
10	a	1.3	24	a	1.3
11	b	1.4	25	c	1.4
12	a	1.5	26	a,b,c,d	1.5
13	b	2.1	27	c	2.1
14	c	2.2	28	d	2.2

POST VII-A KEY

Multiple-Choice Assessment Key

VII Meeting Home Management Needs

Item	Answer	Objective
1	d	1.3
2	b	1.4
3	a	1.5
4	a	2.1
5	a	2.2
6	a	1.1
7	a	1.2
8	a	1.3
9	b	1.4
10	a	1.5
11	b	2.1
12	c	2.2
13	c	1.1
14	b	1.2
15	c	1.3
16	d	1.4
17	c	1.5
18	a	2.1
19	c	2.2
20	d	1.1
21	d	1.2
22	a	1.3
23	c	1.4
24	d	1.5
25	c	2.1
26	d	2.2
27	c	2.1
28	b	1.2

Multiple-Choice Assessment Key

VIII Meeting Health Care Needs

Item	Answer	Objective
1	d	1.1
2	c	1.2
3	d	1.3
4	c	1.4
5	c	2.1
6	d	2.2
7	a	2.3
8	b	3.1
9	d	3.2
10	b	1.1
11	b	1.2
12	b	1.3
13	d	1.4
14	a	2.1
15	b	2.2
16	a	2.3
17	b	3.1
18	d	3.2
19	a	1.1
20	c	1.2
21	a	1.3
22	a	1.4
23	b	2.1
24	c	2.2
25	d	2.3
26	b	1.1
27	a	3.2
28	b	1.1
29	d	1.2
30	c	2.3
31	a	2.1
32	b	3.2
33	c	2.2
34	a	2.2
35	b	1.4
36	b	3.1
37	d	3.2

Multiple-Choice Assessment Key

VIII Meeting Health Care Needs

Item	Answer	Objective
1	d	1.3
2	d	1.1
3	b	2.2
4	b	1.3
5	d	1.4
6	c	1.2
7	a	2.1
8	d	2.2
9	c	1.4
10	d	1.2
11	a	1.3
12	b	2.1
13	b	2.3
14	b	1.1
15	a	1.4
16	d	3.1
17	c	2.3
18	a	2.3
19	b	3.1
20	b	1.1
21	b	3.1
22	b	1.2
23	a	3.2
24	d	3.2
24	d	3.2
25	d	3.2
26	b	1.1
27	c	1.2
28	a	1.1
29	b	1.3
30	a	2.3
31	a	2.2
32	d	3.2
33	b	3.1
34	b	1.4
35	c	2.2
36	c	2.2
37	c	2.1

Multiple-Choice Assessment Key

IX Legal and Ethical Concerns

Item	Answer	Objective
1	b	1.1
2	d	1.2
3	c	1.3
4	d	1.1
5	a	1.5
6	b	1.3
7	a	1.1
8	d	1.2
9	a	1.3
10	c	1.1
11	d	1.2
12	d	1.3

Multiple-Choice Assessment Key

IX Legal and Ethical Concerns

Item	Answer	Objective
1	d	1.3
2	a	1.3
3	d	1.2
4	b	1.3
5	b	1.1
6	d	1.2
7	d	1.2
8	d	1.1
9	c	1.3
10	a	1.1
11	c	1.1
12	d	1.2

True-False Assessment Key

II Job Opportunities and Expectations for Aging Services

Item	Answer	Objective	Item	Answer	Objective
1	False	1.1	11	True	1.2
2	True	2.1	12	True	1.2
3	True	1.2	13	True	1.2
4	False	1.2	14	False	1.2
5	False	1.1	15	True	1.2
6	True	1.2	16	True	1.2
7	True	2.2	17	True	2.1
8	True	2.1	18	False	2.1
9	False	2.2	19	True	2.1
10	True	1.2	20	True	2.2

True-False Assessment Key

II Job Opportunities and Expectations for Aging Services

Item	Answer	Objective	Item	Answer	Objective
1	True	2.1	11	True	1.2
2	False	1.1	12	True	2.2
3	False	2.2	13	True	1.2
4	True	1.2	14	True	1.2
5	True	2.1	15	True	2.1
6	False	1.1	16	False	1.2
7	True	1.2	17	True	2.1
8	True	1.2	18	True	1.2
9	False	1.2	19	True	2.2
10	False	2.1	20	True	1.2

True-False Assessment Key

III Understanding Aging

Item	Answer	Objective
1	True	1.1
2	False	1.1
3	True	1.1
4	False	1.1
5	False	1.3
6	True	1.3
7	True	1.1
8	True	1.1
9	False	1.1
10	False	1.1
11	False	1.3
12	True	1.3
13	True	1.3
14	True	1.3
15	True	1.3
16	True	1.3
17	False	1.3
18	True	1.3
19	False	1.1
20	False	1.3
21	False	1.3
22	False	1.3
23	True	1.3

Item	Answer	Objective
24	True	1.5
25	False	1.5
26	True	1.3
27	False	1.2
28	False	1.3
29	True	1.2
30	True	1.4
31	False	1.2
32	True	1.2
33	True	1.2
34	True	1.4
35	False	1.1
36	False	1.4
37	True	1.4
38	True	1.4
39	True	1.4
40	True	1.4
41	True	1.4
42	True	1.4
43	True	1.4
44	True	1.4
45	True	1.4
46	True	1.4

Item	Answer	Objective
47	False	1.1
48	False	1.1
49	False	2.1
50	True	1.3
51	False	1.3
52	True	2.1
53	False	1.3
54	True	1.3
55	False	1.1
56	True	1.4
57	True	1.3
58	False	1.3
59	True	2.2
60	True	2.2

POST III-B KEY

True-False Assessment Key

III Understanding Aging

Item	Answer	Objective	Item	Answer	Objective
1	True	1.3	24	False	1.1
2	False	1.3	25	True	1.1
3	True	1.3	26	True	1.3
4	False	1.3	27	True	1.3
5	True	1.3	28	True	1.3
6	False	1.2	29	False	1.3
7	False	1.4	30	True	1.2
8	True	1.4	31	True	1.4
9	False	1.1	32	True	1.4
10	False	1.3	33	False	1.1
11	True	1.4	34	False	1.3
12	True	1.1	35	False	1.3
13	True	1.1	36	True	1.1
14	True	1.3	37	False	1.1
15	False	1.3	38	True	1.3
16	False	1.3	39	False	1.1
17	False	1.2	40	True	1.5
18	True	1.2	41	True	1.2
19	True	1.4	42	True	1.4
20	True	1.4	43	True	1.4
21	False	1.1	44	True	1.4
22	True	2.1	45	False	2.1
23	True	1.3	46	True	1.3

Item	Answer	Objective
47	True	2.2
48	False	1.1
49	False	1.1
50	True	1.3
51	False	1.3
52	False	1.5
53	True	1.4
54	False	1.1
55	True	1.4
56	True	1.4
57	True	1.3
58	False	1.1
59	True	2.2
60	False	1.3

True-False Assessment Key

IV Human Relations Skills

Item	Answer	Objectives
1	True	1.3
2	True	1.3
3	True	1.1
4	False	1.1
5	False	1.1
6	True	1.1
7	False	1.2
8	True	1.2
9	True	1.2
10	True	1.2
11	False	1.2
12	True	1.2
13	True	1.2
14	True	1.2
15	True	1.2
16	False	1.2
17	True	1.2
18	True	1.2
19	True	1.2
20	True	1.2
21	True	1.2
22	False	1.6
23	True	1.6
24	True	1.5
25	True	1.2
26	False	1.3
27	False	1.4
28	True	1.4
29	False	2.1
30	False	2.1
31	True	2.1
32	True	2.1
33	True	1.7
34	False	1.7
35	True	2.1
36	False	1.7
37	True	2.1
38	False	1.5
39	False	1.5
40	True	1.5
41	True	1.5
42	True	1.5
43	False	1.4
44	False	2.1
45	False	2.1
46	False	2.1

Item	Answer	Objectives
47	True	2.1
48	False	2.1
49	True	1.7
50	False	1.6
51	True	1.1
52	False	1.4
53	True	1.1
54	False	1.1
55	False	1.3
56	True	1.3
57	True	1.3
58	True	1.3
59	True	1.3
60	True	1.3
61	True	1.3
62	True	1.3
63	True	1.3
64	True	1.3
65	True	1.3
66	False	1.2
67	True	1.2
68	False	1.2
69	True	1.7
70	False	1.4
71	True	1.7
72	False	2.1

Item	Answer	Objectives
73	True	2.1
74	True	2.1
75	True	2.1
76	True	2.1
77	False	2.1
78	True	2.1
79	False	2.1
80	True	2.1
81	False	2.1
82	True	2.1
83	False	3.1
84	True	3.1
85	True	3.1
86	True	3.1
87	False	3.2
88	True	3.2
89	False	3.2
90	True	3.2

True-False Assessment Key

IV Human Relations Skills

Item	Answer	Objectives	Item	Andwer	Objectives
1	False	1.1	24	True	1.2
2	True	1.5	25	False	1.2
3	False	2.1	26	True	1.2
4	False	1.7	27	True	1.2
5	False	1.5	28	True	1.2
6	False	2.1	29	True	1.2
7	False	2.1	30	False	1.2
8	False	2.1	31	True	1.2
9	True	2.1	32	True	1.2
10	False	2.1	33	True	1.2
11	False	3.1	34	True	1.2
12	False	3.2	35	True	1.2
13	False	2.1	36	False	1.3
14	True	2.1	37	True	2.1
15	True	1.5	38	False	1.7
16	True	1.7	39	True	1.5
17	False	1.1	40	False	1.6
18	True	3.2	41	True	1.3
19	True	2.1	42	True	1.7
20	True	1.1	43	True	2.1
21	False	1.2	44	False	1.1
22	True	1.2	45	False	1.6
23	True	1.2	46	False	1.4

Item	Answer	Objectives
47	True	2.1
48	True	3.2
49	True	1.5
50	True	1.1
51	True	1.3
52	True	1.3
53	True	1.3
54	True	1.3
55	True	1.3
56	True	1.3
57	True	1.3
58	True	1.3
59	True	1.3
60	True	1.2
61	True	3.1
62	True	1.3
63	True	1.6
64	True	1.4
65	True	1.7
6[illegible]	False	1.5
67	False	1.4
68	False	3.2
69	False	1.2
70	True	1.7
71	True	2.1

Item	Answer	Objectives
72	True	2.1
73	False	2.1
74	True	2.1
75	False	2.1
76	True	2.1
77	False	2.1
78	True	2.1
79	True	1.1
80	True	1.2
81	True	3.1
82	True	1.3
83	True	1.1
84	False	1.3
85	False	1.4
86	False	2.1
87	True	1.2
88	True	2.1
89	False	1.4
90	False	1.2

PRE V-B KEY

True-False Assessment Key

V Meeting Personal Care Needs

Item	Answer	Objective
1	True	1.1
2	True	2.1
3	False	1.1
4	False	1.1
5	False	1.1
6	False	1.1
7	True	2.2
8	True	2.2
9	False	2.2
10	True	2.2
11	False	2.2
12	False	2.2
13	True	1.3
14	False	1.2
15	False	1.2
16	True	2.2
17	True	3.1
18	True	3.1
19	True	3.1
20	True	3.1
21	True	3.1
22	True	3.1
23	True	3.2
24	True	3.2
25	True	3.2
26	True	3.2
27	True	3.1
28	True	3.1
29	False	1.1
30	True	1.1
31	False	4.5
32	True	4.2
33	False	4.4
34	True	4.1
35	True	4.6
36	False	4.6
37	False	1.1
38	False	2.1
39	True	1.1
40	False	1.1
41	False	1.1
42	False	1.1
43	False	1.1
44	True	3.1
45	True	1.6
46	True	1.1
47	True	1.2
48	False	1.2
49	False	4.3
50	True	4.3

Item	Answer	Objective
51	False	4.3
52	True	4.1
53	True	4.1
54	False	4.1
55	False	4.1
56	True	4.1
57	True	4.1
58	True	4.1
59	False	4.1
60	True	4.1
61	False	4.1
62	True	4.2
63	True	4.5
64	True	4.4
65	False	4.4
66	True	4.6
67	True	4.6
68	False	4.6
69	True	4.5
70	True	4.5
71	True	4.5
72	True	1.3
73	True	1.3
74	True	1.4
75	False	1.4

Item	Answer	Objective
76	True	1.6
77	False	1.5
78	False	1.5
79	True	4.7
80	False	4.7

True-False Assessment Key

V Meeting Personal Care Needs

Item	Answer	Objective
1	False	1.1
2	False	1.2
3	False	4.5
4	False	4.6
5	False	1.1
6	True	1.1
7	False	4.3
8	False	4.1
9	True	4.6
10	True	4.5
11	True	1.6
12	True	1.1
13	False	1.1
14	True	2.2
15	True	4.2
16	False	1.1
17	False	1.1
18	True	1.2
19	True	4.1
20	True	4.2
21	True	4.6
22	True	1.3
23	False	1.5
24	True	2.1
25	True	2.2
26	True	2.2
27	False	2.2
28	True	2.2
29	False	2.2
30	False	2.2
31	False	1.1
32	False	4.4
33	False	2.1
34	False	1.1
35	False	1.2
36	False	4.1
37	True	4.5
38	False	4.6
39	True	1.3
40	False	1.5
41	False	1.1
42	True	3.1
43	True	3.1
44	True	3.1
45	True	3.1
46	True	3.1

Item	Answer	Objective
47	True	3.1
48	True	3.2
49	True	3.2
50	True	3.2
51	True	3.2
52	True	3.1
53	True	3.1
54	True	4.1
55	True	1.1
56	True	3.1
57	False	4.3
58	True	4.1
59	True	4.4
60	True	4.5
61	True	1.4
62	True	4.7
63	False	1.1
64	True	1.3
65	True	1.1
66	True	4.6
67	False	1.1
68	True	1.6
69	True	4.3
70	True	4.1
71	False	4.1
72	False	4.1
73	True	4.1
74	True	4.1
75	True	4.1
76	False	4.4
77	True	4.5
78	False	1.4
79	False	4.7
80	False	1.2

PRE VI-B KEY

True-False Assessment Key

VI Nutrition and Food Handling for Aging Services

Item	Answer	Objective
1	False	1.1
2	False	1.1
3	True	1.1
4	False	1.2
5	True	1.3
6	False	1.3
7	True	1.1
8	True	1.2
9	True	1.4
10	False	1.1
11	True	1.4
12	False	1.3
13	True	1.5
14	True	1.5
15	False	1.5
16	True	1.2
17	False	1.2
18	False	1.1
19	True	1.1
20	True	1.3
21	True	1.1
22	False	1.1
23	True	1.1
24	True	1.1
25	True	1.1
26	True	1.1
27	True	1.1
28	True	1.2
29	False	1.2
30	True	1.1
31	True	1.2
32	True	1.2
33	False	1.2
34	False	1.3
35	True	1.2
36	True	1.3
37	True	1.3
38	True	1.3
39	False	1.3
40	False	1.3
41	True	1.4
42	False	1.4
43	True	1.4
44	True	1.4
45	False	1.3
46	True	1.4
47	True	1.4
48	True	1.4

Item	Answer	Objective
49	True	1.4
50	True	1.5
51	True	1.5
52	True	1.5

POST VI-B KEY

True-False Assessment Key

VI Nutrition and Food Handling for Aging Services

Item	Answer	Objective
1	False	1.2
2	True	1.2
3	False	1.2
4	True	1.1
5	True	1.3
6	True	1.1
7	True	1.2
8	True	1.2
9	True	1.3
10	False	1.3
11	True	1.4
12	True	1.4
13	True	1.5
14	True	1.3
15	True	1.1
16	True	1.5
17	False	1.2
18	True	1.1
19	True	1.1
20	False	1.2
21	False	1.2
22	True	1.3
23	True	1.4
24	False	1.3
25	True	1.4
26	False	1.3
27	False	1.3
28	False	1.1
29	True	1.2
30	False	1.1
31	False	1.1
32	True	1.1
33	True	1.1
34	False	1.2
35	True	1.3
36	False	1.4
37	True	1.4
38	True	1.5
39	False	1.1
40	True	1.1
41	True	1.1
42	False	1.5
43	True	1.1
44	True	1.1
45	True	1.1
46	True	1.2

Item	Answer	Objective
47	True	1.2
48	False	1.3
49	True	1.3
50	True	1.4
51	True	1.5
52	True	1.1

PRE VII-B KEY

True-False Assessment Key

VII Meeting Home Management Needs

Item	Answer	Objective
1	True	1.1
2	False	1.1
3	True	1.1
4	True	1.1
5	False	1.2
6	True	1.3
7	False	1.4
8	True	1.5
9	False	2.1
10	False	1.5
11	True	2.2
12	True	2.1
13	False	2.1
14	False	2.1
15	False	2.1
16	True	2.1
17	False	2.2
18	True	2.2
19	True	2.2
20	False	2.2
21	True	2.2
22	True	2.1
23	True	2.2
24	True	2.2
25	True	2.2
26	True	2.2
27	True	2.2
28	False	2.2
29	False	2.1
30	True	2.1
31	True	2.1
32	False	2.1
33	True	2.1
34	True	2.1
35	True	2.2
36	True	2.2
37	False	2.2
38	True	1.1
39	False	1.4
40	False	1.2
41	True	2.2
42	False	1.3
43	True	2.1
44	True	2.1
45	True	2.1
46	True	2.2

Item	Answer	Objective
47	True	1.1
48	False	1.1
49	True	1.5
50	True	1.3
51	True	1.4
52	True	1.4

True-False Assessment Key

VII Meeting Home Management Needs

Item	Answer	Objective
1	True	1.1
2	True	1.5
3	True	2.1
4	True	2.1
5	False	2.2
6	True	2.2
7	False	2.2
8	False	2.1
9	True	2.2
10	False	1.2
11	True	2.1
12	False	1.1
13	True	1.4
14	True	1.1
15	False	1.4
16	True	2.2
17	True	2.1
18	True	2.2
19	True	2.2
20	True	2.2
21	True	2.1
22	True	2.2
23	False	2.2
24	True	2.1
25	True	1.1
26	True	1.4
27	False	1.1
28	True	1.3
29	False	1.5
30	False	2.1
31	True	2.2
32	True	2.1
33	True	2.2
34	True	2.1
35	True	2.1
36	True	1.1
37	False	2.2
38	True	2.2
39	True	1.5
40	True	1.1
41	False	1.2
42	False	2.1
43	False	2.1
44	False	2.2
45	True	2.2
46	True	2.2

Item	Answer	Objective
47	False	2.1
48	True	2.1
49	False	2.2
50	True	2.2
51	True	2.1
52	True	1.5

True-False Assessment Key

VIII Meeting Health Care Needs

Item	Answer	Objective	Item	Answer	Objective
1	False	1.2	24	True	1.4
2	False	1.2	25	True	2.1
3	True	1.2	26	False	1.2
4	False	1.2	27	True	1.2
5	True	1.1	28	True	3.1
6	False	1.3	29	False	3.1
7	False	3.2	30	True	3.1
8	False	3.2	31	False	3.1
9	True	1.4	32	True	3.1
10	True	2.1	33	False	3.1
11	True	3.1	34	True	3.1
12	True	3.2	35	True	3.1
13	True	2.1	36	True	3.1
14	False	1.1	37	False	1.1
15	True	1.1	38	False	3.1
16	True	1.3	39	True	1.1
17	True	1.1	40	False	1.1
18	False	1.1	41	True	1.1
19	False	1.1	42	True	1.1
20	True	1.2	43	False	1.1
21	False	1.2	44	True	1.1
22	True	2.3	45	True	1.1
23	True	1.1	46	False	3.2

Item	Answer	Objective
47	True	1.1
48	True	3.2
49	False	3.2
50	True	3.1
51	False	2.3

True-False Assessment Key

VIII Meeting Health Care Needs

Item	Answer	Objective	Item	Answer	Objective
1	False	1.2	24	False	1.2
2	False	3.2	25	False	1.3
3	True	3.2	26	True	2.1
4	False	1.3	27	False	1.1
5	True	1.2	28	False	1.1
6	True	1.1	29	False	2.3
7	True	1.3	30	False	1.2
8	True	3.1	31	True	3.1
9	False	1.1	32	False	3.1
10	True	1.1	33	True	3.1
11	True	3.2	34	False	3.1
12	False	1.2	35	True	3.1
13	True	1.1	36	False	3.1
14	True	1.4	37	True	1.1
15	True	2.1	38	False	3.2
16	True	1.1	39	True	3.1
17	False	1.2	40	True	1.3
18	True	2.1	41	False	3.2
19	False	3.1	42	True	3.1
20	False	1.1	43	True	1.1
21	True	1.1	44	False	1.1
22	True	1.1	45	True	1.1
23	False	3.2	46	True	1.2

80

Item	Answer	Objective
47	False	3.2
48	True	3.1
49	True	1.1
50	False	1.1
51	True	1.1

PRE IX-B KEY

True-False Assessment Key

IX Legal and Ethical Concerns

Item	Answer	Objective
1	True	1.1
2	True	1.1
3	True	1.1
4	True	1.2
5	False	1.3
6	False	1.3
7	True	1.3
8	True	1.3
9	True	1.3
10	False	1.3
11	False	1.3
12	False	1.3
13	False	1.3
14	False	1.1
15	False	1.3
16	False	1.3
17	True	1.3
18	False	1.3
19	True	1.3
20	False	1.3
21	True	1.3
22	True	1.3
23	False	1.1
24	False	1.1
25	True	1.1
26	False	1.2
27	False	1.2
28	True	1.2
29	False	1.2
30	True	1.2

True-False Assessment Key

IX Legal and Ethical Concerns

Item	Answer	Objective
1	False	1.2
2	False	1.3
3	False	1.3
4	False	1.3
5	True	1.1
6	True	1.2
7	True	1.2
8	True	1.3
9	False	1.1
10	True	1.3
11	False	1.1
12	False	1.2
13	True	1.1
14	True	1.3
15	False	1.3
16	False	1.3
17	False	1.1
18	True	1.2
19	True	1.1
20	True	1.3
21	False	1.3
22	True	1.3
23	True	1.3
24	False	1.2
25	True	1.1
26	False	1.3
27	False	1.3
28	False	1.3
29	True	1.3
30	False	1.2

Multiple-Choice Assessment

II Job Opportunities and Expectations for Aging Services

DO NOT GUESS AT ANSWERS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. There are not enough persons trained as Home Helpers (or with similar training),

   b. There should be one trained person in the homemaking field for at least every 100 older persons.

   c. Untrained Home Helpers are available in most cities and towns.

   d. Trained Home Helpers are not available in most cities and towns.

2. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Helpers are involved with menu planning

   b. The Home Helpers are involved with home management.

   c. The Home Helpers are involved with providing skilled nursing care.

   d. The Home Helpers are involved with meeting personal care needs.

3. Three of the following are steps in the career ladder for a Home Helper. Mark the one that is NOT.

   a. Director of home companion services,

   b. Director of programs for the elderly,

   c. Nursing Home Director.

   d. Gerontologist.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. Formal education requirements are higher for a social worker than for a Home Helper.

   b. Formal education requirements are higher for a teacher than for a Home Helper.

   c. Formal education requirements are higher for an assistant administrator of a nursing home than for a Home Helper.

   d. Formal education requirements are higher for a nursing home aide than for a Home Helper.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. The service provided by a Home Helper would enable many older people to remain in their homes instead of moving to nursing or retirement homes.

   b. The Home Helper's goal is to help the older person live a better life.

   c. The Home Helper can solve all the problems facing the older person.

   d. The Home Helper provides companionship to the older person as well as helping with home management.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Helpers are involved with personal care of the client.

   b. The Home Helpers are to assist the client in keeping the home safe, clean and sanitary.

   c. The Home Helpers are to perform all duties in a legal and ethical manner.

   d. The Home Helpers are dieticians or social workers.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. Three of the following are steps in the career ladder for a Home Helper. Mark the one that is NOT.

   a. A Public Welfare Administrator

   b. An ombudsman for older Americans

   c. Supervisor of other Home Helpers

   d. A consultant for those working with the elderly.

8. Three of the following are true. Mark the one that is FALSE.

   a. The Home Helper is a key member of the helping professions team serving aging needs.

   b. The Home Helper is the least important member of the helping professions team.

   c. The Home Helper will sometimes be the one who enables the aged client to get the needed services from others in the helping professions team.

   d. Sometimes the Home Helper will need to help the client coordinate the services of the helping professions team.

9. Three of the following statements are true. Mark the one that is FALSE.

   a. Five per cent of all elderly live in institutions.

   b. Every year there are fewer elderly in our population.

   c. At present, one in ten persons in the U.S. is 65 years or older.

   d. About ten per cent of the people over 65 are unable to leave their homes.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

10. Three of the following statements are true. Mark the one that is FALSE.

    a. The role of the Home Helper is to take charge and do everything for the older person.

    b. The Home Helper should encourage the clients to do those things which they can do for themselves.

    c. The Home Helper should give personal care that helps provide and maintain physical and emotional comfort.

    d. The Home Helper should be aware of the programs that help older people in the community.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. A Gerontologist specializes in the problems of older people.

    b. A Gerontologist is a medical doctor.

    c. A Gerontologist usually has a masters or doctors degree.

    d. Becoming a Gerontologist could be a long-range goal of a Home Helper.

12. Three of the following are available to the Home Helper as a change in jobs which may require some additional training but no higher level of formal education. Mark the one that is NOT.

    a. Day care administrator

    b. Child development aide

    c. Social work aide

    d. Long-term care facility aide.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. The Home Helper has special training for working with the older client.

    b. The Home Helper may be better able to care for a client than members of the client's family.

    c. The Home Helper provides more help than an untrained maid.

    d. The Home Helper is trained to provide medical care.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. The tasks of a Home Helper will change from home to home because older people have different needs.

    b. The Home Helper must be able to do many different jobs in the home.

    c. Above all, a Home Helper should be a warm, sensitive person.

    d. The Home Helper's ability to communicate with the client is not as important as being able to get the job done.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. It is hard to find people to assist older people who need help in their homes.

    b. In some places, the government or private agencies hire Home Helpers to help older people.

    c. With additional training and/or formal education, an experienced Home Helper could be a director of a group of other Home Helpers.

    d. There is no need for persons to serve as ombudsmen for older Americans.

16. Three of the following are true. Mark the one that is FALSE.

    a. The Home Helper's role is to foster dependence in the aging client.

    b. The Home Helper's role is to act as an enabler.

    c. The Home Helper's role is to foster independence in the aging client.

    d. The Home Helper's role is to see that client needs are met.

Multiple-Choice Assessment

III Understanding Aging

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. One out of every ten persons in the United States is 65 years old or older.

   b. There are more women than men over 65 in the United States.

   c. There are more men than women over 65 in the United States.

   d. By the year 2000, people 65 and over are expected to number more than 30 million.

2. Mark the TRUE answer.

   The primary block to satisfactory sexual relations among older people is

   a. declining interest in sex

   b. the aging process

   c. the myth that older people are no longer interested in sex

   d. physical capability.

3. Mark the TRUE answer.

   Older people are

   a. senile

   b. unable to care for themselves

   c. lonely

   d. people with feelings and needs.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statement are true. Mark the one that is FALSE.

   a. Terminally ill persons often appreciate the small daily joys that otherwise go unnoticed.

   b. When a person is dying it is important to understand and respect his religious beliefs.

   c. Though dying is a very personal experience, someone about to die can talk about it to others.

   d. Death is a subject that would not be talked about with older people.

5. Mark the TRUE answer.

   If a person is going to die, those about him should

   a. avoid that person except in unusual circumstances

   b. try to make sure that the dying person is a Christian before death arrives

   c. help the person face the impending death in any way possible

   d. leave all decisions about the person to the doctors and nurses.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. The cultural backgrounds of black, Mexican-American, Oriental and white older people are all different.

   b. One will rarely find ethnic minority older people living alone because they live with their families.

   c. An older black person is more likely to be a female than male.

   d. Spanish-speaking Americans who are from a Mexican heritage have some customs that are different from those of the Spanish-speaking Americans who came from Puerto Rico.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. Mark the one that is TRUE.

   A Home Helper should

   a. never call a client by his or her first name

   b. treat every client the same

   c. develop an understanding of the life style of each client

   d. be expected to impose his own beliefs on the client.

8. Three of the following statements are true. Mark the one that is FALSE.

   a. Some families have two or more generations over 65

   b. A man who is 65 can expect to live until he is 78

   c. Upon retirement older people should continue to lead lives which are similar to those lived before retirement

   d. Upon retirement older people should lead calm, serene lives with little activity.

9. Three of the following statements are true. Mark the one that is FALSE.

   a. People over 65 do not engage in sexual activity

   b. Many men and women enjoy sexual relationships until death

   c. Kissing, touching, hugging, and caring are enjoyed by older people as well as younger people

   d. Families may be reluctant to accept a new mate for their aged parent.

10. Mark the one that is TRUE.

    Upon retirement, most older people can expect

    a. reduced income

    b. to be poor

    c. no income

    d. no changes in life style.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. Many people approach death with fear

    b. Some older people want to die

    c. A person who is dying of cancer should not be told that she is dying

    d. Most people want to know that they are dying.

12. Three of the following statements are true. Mark the one that is FALSE.

    a. All people believe in some form of after life

    b. Some people have no fear of death

    c. Some people feel that death is inevitable so why worry about it

    d. Most people think about their own death occasionally.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. As people get older their differences due to life-long customs tend to disappear

    b. Understanding the older persons' cultural background will help the Home Helper

    c. When working with older people, the Home Helper should keep in mind their ethnic, cultural, and personal differences

    d. An older black woman may need the same services of a Home Helper as an older white woman.

14. Mark the one that is TRUE. To be effective in their jobs, it is important for the Home Helpers to understand their own feelings about other people's customs, values and beliefs, so the Home Helper must be constantly aware of the fact that

    a. what often appears as ignorance in the older client may be due to lack of education

    b. all Mexican-Americans look after their own so home help would not be needed

    c. Black older people are usually the leaders of their families

    d. Oriental older people are often highly respected by their children

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. Limited income from pensions and savings is frequently inadequate due to the effects of inflation

    b. Working older people have good attendance records

    c. Most older people (65+) have incomes below the poverty level

    d. Over ten (10) per cent of persons over 65 are still working.

16. Three of the following statements are true. Mark the one that is FALSE.

    a. Most older men are still married.

    b. Most older women are widows

    c. Older people should not get married

    d. One reason older people marry is to have satisfying sexual relationships.

17. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people are capable of adjusting to changing situations

    b. There is a normal mental confusion in older people known as senility

    c. Retirement requires adjustment to a new life situation

    d. Many younger people think older people should take relatively inactive roles in life.

18. Three of the following statements are true. Mark the one that is FALSE.

    a. Many doctors have a hard time talking about death with their dying patients

    b. Older people should be allowed to discuss their impending death

    c. Many older persons' approaches to death probably will reflect their approaches to life

    d. People in the last stages of life should be kept heavily sedated so they will die peacefully.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

19. Mark the one that is TRUE.

The Home Helper should discuss death with the older person

a. when the Home Helper sees the older American is going to die

b. every day so that the older person will be better prepared for death

c. whenever the older person indicates that he or she wishes to discuss death

d. never.

20. Mark the one that is TRUE.

The Home Helper should

a. address white clients with Mister or Mrs., Mexican-American clients with Senor or Senora and black clients by first name because that is what they are accustomed to

b. expect each client to be different in some ways

c. not be expected to work for clients of a different race

d. love all older people regardless of race, creed, or color.

21. Three of the following statements are true. Mark the one that is FALSE.

a. Most persons over 65 are in nursing homes

b. Most older people live in a family setting

c. More than one-third (1/3) of all older people live alone

d. About five (5) per cent of persons over 65 live in institutions (nursing homes, retirement homes, hospitals, etc.).

22. Three of the following statements are true. Mark the one that is FALSE.

a. Most older persons enjoy companionship with members of the opposite sex

b. Most older men are not physically capable of completing the sex act

c. Women who have passed through menopause are interested in and capable of sexual relationships

d. Some older couples say they enjoy sex more than when they were younger.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

23. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person with psychological problems should be encouraged to seek mental health counseling

    b. True senility is the result of a physical condition known as organic brain disease

    c. An older person with obvious signs of emotional disturbance cannot be helped by a psychiatrist or psychologist

    d. Many older people are psychologically sound until death.

24. Mark the one that is TRUE.

    a. Elizabeth Kubler-Ross' work with people who know they are going to die has shown that most go through five stages of adjustment. Select the answer which lists these stages in the order most frequently encountered.

        a. denial, anger, bargaining, depression, acceptance

        b. depression, denial, anger, acceptance, bargaining

        c. anger, denial, bargaining, depression, acceptance

        d. denial, depression, anger, acceptance, bargaining,

25. Three of the following statements are true. Mark the one that is FALSE.

    a. One's attitude about death is affected by one's attitude about life

    b. The older one becomes, the less one fears death

    c. You will be better prepared to deal with the subject of death if you have had some experience with dying people before

    d. Religion plays an important role in the dying process for many people.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

26. Mark the one that is TRUE.

Generally speaking, the life expectancy of white men is

a. longer than for black men

b. shorter than for black men

c. the same as for black men

d. there is no information which compares the racial differences.

27. Three of the following are false. Mark the one that is TRUE.

Older Spanish-speaking people

a. are harder to work for because their houses are not kept well

b. are harder to work for because they resent people from other races

c. are harder to work for because they do not speak English

d. are harder to work for until a Home Helper learns about the person's culture and habits.

28. Mark the one that is TRUE.

Generally speaking, most clients

a. will want to talk with you

b. will want to read books

c. will want to cook their own meals

d. will want to spend their time resting.

Multiple-Choice Assessment

IV Human Relations Skills

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. Communication is both verbal and non-verbal

   b. Effective communication is easier when you face the person with whom you are trying to communicate

   c. A person's background and culture make no difference in the way you should communicate with that person

   d. You can learn things which will help you communicate better with older people.

2. Mark the one that is TRUE. A block to effective communication is

   a. when the message does not apply to situation

   b. when the speaker is too intense

   c. when the speaker talks too loudly

   d. when the listener really wants to hear.

3. Mark the one that is TRUE. A part of the speaker's non-verbal message is her

   a. smile

   b. posture, and hand gestures

   c. choice of a place for conversation

   d. all of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   If your client has feelings of fear, helplessness, or anxiousness, you should

   a. ignore them, they will pass;

   b. agree with the client;

   c. help the older person talk about them;

   d. notify the client's family.

5. Mark the one that is FALSE.

   The basic principles of Reality Orientation include

   a. use of the Reality Board

   b. a hopeful attitude on the part of the Home Helper

   c. talk with the client at every reasonable chance

   d. don't "drill" your client - just keep presenting information at every opportunity.

6. Three of the following are good ways to communicate with a deaf person. Which one is NOT?

   a. Use a higher tone of voice

   b. Be sure the person can see you

   c. Use short sentences

   d. Use gestures to indicate what you are saying.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. A mediator helps two other people work out their problems. Three of the following are roles of the Home Helper acting as a mediator. Which one is NOT?

   a. gathering information

   b. demonstrating his trustworthiness to both parties

   c. listening to only one side

   d. making suggestions for ways of resolving differences.

8. Which one of the following best describes the attitude of a Home Helper when communicating with another person?

   a. guarded and sharp

   b. angry and hostile

   c. open and honest

   d. careful and suspicious.

9. Three of the following are barriers to effective communication. Which one is NOT?

   a. the speaker cares about his message

   b. the message is delivered too fast or too slowly

   c. the listener is angry

   d. the listener has withdrawn.

10. Three of the following are parts of a nonverbal message. Which one is NOT?

    a. saying you are angry

    b. tone of voice

    c. sequence of words

    d. volume of voice.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. Mark the one that is TRUE. If your client has beliefs with which you disagree you should

    a. ignore the client when talking about such beliefs

    b. respect the client's right to have different views from your own

    c. try to convince the client he is wrong

    d. seek outside help from a counselor.

12. One of the tools for determining whether your client is in need of Reality Orientation is a set of awareness questions. Which of the following is NOT a typical awareness question?

    a. How much do you weigh

    b. When is your birthday

    c. Are you married now

    d. What kind of job did you have?

13. Three of the following are essential elements in conducting an interview with an older client. Which one is NOT?

    a. Face your client

    b. Talk very loudly

    c. Be sure client has a comfortable place to sit

    d. Reduce distractions by turning off TV and radio.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. Home Helpers need to understand that people from different cultures have different ways of doing things

    b. Different cultures and ethnic groups define cleanliness in different ways

    c. Some cultures encourage a lot of friendly physical contact, others do not

    d. As people age, cultural differences get less.

15. Mark the one that is FALSE. Three of the following are roles of the Home Helper acting as a mediator. Which one is NOT?

    a. Never intervene

    b. Find ways for each side to save face

    c. Keep tensions from building up

    d. Encourage the parties to make their own decisions.

16. Three of the following statements are true. Mark the one that is FALSE.

    a. Humor gets in the way of serious communications

    b. One should try to "listen" to and understand himself

    c. "Feedback" is an important element in effective communication

    d. Both people in a conversation should try to understand each other.

17. Three of the following are blocks to effective communication. Which one is NOT?

    a. The listener is very ill

    b. The speaker trusts the listener

    c. The timing of the message is off

    d. The listener finishes the message in his own mind before the speaker finishes talking.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

18. Three of the following are parts of a nonverbal message. Which one is NOT?

    a. tenseness of body

    b. what is said

    c. touching

    d. dress.

19. Three of the following statements are true? Mark the one that is FALSE.

    a. Most older persons are reserved and do not like to touch or be touched

    b. Cherishing and respect are important parts of human relations and need to be understood by Home Helpers in their relations with the elderly

    c. Conflict between the Home Helper and the client is to be expected at times

    d. When one has a good understanding of communication skills most conflicts can be resolved.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. Reality Orientation is an effective way of helping older persons avoid becoming"forgetful" or out of touch with reality

    b. The key to an effective Reality Orientation program is the proper use of Reality Boards

    c. A positive attitude toward the elderly that expects them to take part in life to the fullest, is the basic assumption of Reality Orientation

    d. Unless care is taken, people who use Reality Orientation techniques begin to sound as if they are "talking down" to the client.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

21. Mark the one that is TRUE. If you were interviewing your client usually it would be best if the interview was conducted

    a. with client only

    b. with client and client's family

    c. with client and client's doctor

    d. with client and client's friend.

22. Mark the one that is TRUE. A Home Helper who works with clients in a rural area will

    a. have the same responsibilities as one who works with people in the city

    b. have to learn farming skills

    c. usually be living in a rural area

    d. have been raised in a rural area.

23. Three of the following statements are true. Mark the one that is FALSE.

    a. Decision-making is the process of making commitments

    b. One must know what the goals are as the first step in solving a problem

    c. Being open and honest about a problem usually helps set the stage for solving the problem

    d. Some people are born good at solving problems and others will never be good at it.

24. Three of the following statements are true. Mark the one that is FALSE.

    a. "Feedback" is people letting you know what they think you just tried to say

    b. You communicate with your body as well as your words

    c. One focuses only on the verbal message in feedback

    d. The effects of feedback are not always easy to see.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Sensitive persons can "hear" with their eyes as well as their ears

    b. What one expects to hear has no effect on what one hears

    c. Wanting to hear increases the amount of the message we receive

    d. Listening is complex but it is possible to improve how well we listen.

26. Three of the following statements are true. Mark the one that is FALSE.

    a. A touch message could be misunderstood by the person receiving the message

    b. One should use words which the listener will understand

    c. Training in nonverbal communication will help one to communicate more effectively

    d. One's habits in nonverbal communication cannot be changed.

27. Three of the following statements are true. Mark the one that is FALSE.

    a. A Home Helper should let the client know when she is feeling helpless and frustrated

    b. A Home Helper should never let the client know when she is feeling angry or frustrated

    c. Personal experiences a Home Helper has had with older people will affect how she relates to one's client

    d. How one communicates with others in class is related to how one will communicate on the job.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

28. Three of the following statements are true. Mark the one that is FALSE.

    a. A successful Reality Orientation program will help to improve memory and awareness

    b. A successful Reality Orientation program will lead to greater sociability and participation

    c. A successful Reality Orientation program will lead to an increase in desire to make selfcare efforts

    d. A successful Reality Orientation program will lead to an improvement in speech.

29. Three of the following statements are true. Mark the one that is FALSE.

    a. By carefully arranging the physical setting of an interview (or conversation) a Home Helper can increase the effectiveness of communication

    b. It is important that the older person be put at ease during an interview

    c. The Home Helper can learn skills which will help him conduct interviews

    d. If you know the right way, it is always possible to communicate with an older person.

30. Three of the following statements are true about a client with vision problems. Which one is NOT?

    a. When setting the table, be sure that the client can see everything

    b. Face the client with vision problems toward the light or window to improve vision

    c. Being blindfolded and led around by another person helps to better understand how it feels to be blind

    d. Older people with vision problems can see bright colors better than the dull colors.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

31. Three of the following statements are true. Mark the one that is FALSE.

    a. Home Helpers need to know how to make decisions for their elderly clients

    b. Problem solving represents a way of organizing facts so that decisions can be made

    c. Home Helpers should not decide for themselves whether their clients should begin work as volunteers

    d. Home Helpers should not decide for themselves whether their clients should buy a new TV or have the old one repaired.

32. Three of the following statements are true. Mark the one that is FALSE.

    a. Laughter can be a sign of anxiety due to stress

    b. Yawning can be a sign of anxiety and stress

    c. A sign of stress and anxiety is always found when a person who is usually quiet begins talking a lot

    d. Mild G.I. tract disturbances/irregularities can be a sign of anxiety and stress.

33. When one is under stress, one can relieve the stress by doing the following (you may mark more than one).

    a. Yawning and sighing

    b. Taking a deep breath, holding it and letting it our forceably so that the lips flutter

    c. Taking a couple of hours off to pamper oneself

    d. Rub the back of your own head, neck and shoulders.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

34. Mark the one that TRUE.

Stress is frequently caused by a loss. Losses that are particularly stress-producing are:

a. Loss of a loved one

b. Loss of good health

c. Loss of a hope/dream/goal, or job

d. All of the above.

35. Mark the one that is true. The stress event that can cause ill health is:

a. Starting a new job

b. Visit from your in-laws

c. Celebrating a 50th wedding anniversary

d. All of the above.

36. Mark the statement that is TRUE.

a. The only way to have a healthy life is to have a life free of stress

b. The only way to have a healthy life is to know how to deal constructively with stress

c. Life is so full of stress today that it is impossible to be healthy

d. A good Home Helper will be able to keep his client from suffering from stress-related illness.

Multiple-Choice Assessment

V Meeting Personal Care Needs

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. A decline in health often means the older person cannot manage her daily life

   b. Older persons must spend a lot of money on medical care, food, and housing, leaving little money for clothing, recreation, and transportation

   c. A person who is bedridden needs help with most aspects of personal grooming and cleanliness

   d. Older persons like to dress in plain, drab-colored clothes that are practical.

2. Three of the following are good sources of recreational activity for most older people. Which one is NOT a usual source?

   a. swimming pool

   b. senior center

   c. handball court

   d. bowling alley.

3. Three of the following statements are true. Mark the one that is FALSE.

   a. Older people make good employees but they are absent from work more often than younger employees

   b. Many employers have found that some of their best employees come from the over 65 age group

   c. Some retirees have found that after a few months of retirement life they would like to go back to work

   d. Some employers do not want to hire people who are over 65.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following are likely types of employment available to older people (65 plus). Mark the one that is NOT.

   a. Foster Grandparent

   b. Part-time receptionist

   c. Music Teacher (private)

   d. Postal Worker

5. Three of the subjects listed below are likely to be ones which an older person would find useful. Which one is NOT?

   a. Study of Aging

   b. Typing

   c. Computer programming

   d. Bookkeeping.

6. Three of the following are likely to have information about educational opportunities for older people. Which one is NOT?

   a. Old Age Clubs

   b. Senior Center

   c. Information and referral office

   d. Visiting Nurses' Association.

7. Three of the following statements are true. Mark the one that is FALSE.

   a. Poor transportation is one of the major factors which keeps the elderly at home

   b. An older person who has a Home Helper is not eligible to go to a place that serves meals to the elderly

   c. Many older people do not have enough income to meet their needs

   d. Many older people do not have adequate health care.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Three of the following are state programs for older people. Which one is NOT?

   a. State Welfare

   b. Medicaid

   c. State Employment Agency

   d. Social Security

9. Mark the one that is TRUE.

   If your client has income problems you should check first with

   a. AARP

   b. The Social Security Office

   c. R.S.V.P.

   d. Gray Panthers

10. Mark the ones that are TRUE. The following would be good places to contact to help meet needs of your clients:

    a. doctor

    b. city hall and public library

    c. client's family members

    d. all of the above.

11. Mark the one that is TRUE. If your client needed transportation the best place to contact would be

    a. information and referral services

    b. AARP

    c. Welfare Department

    d. Social Security Office.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

12. When giving a bed bath which area is least important to check for rashes, redness or sores?

    a. back of thighs

    b. shoulders

    c. lower back

    d. heels.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. While rubbing a person's back, you should use stroking, kneading, and squeezing motions

    b. A non-allergenic lotion will make a body massage more pleasant and help improve skin health

    c. Skin care is a problem for the doctor, not the Home Helper

    d. Massaging helps the blood circulation.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. All older people lose their teeth

    b. With good mouth care, good diet, and good health a person may keep his own teeth as long as he lives

    c. The older person should have regular dental checkups just as a younger person should

    d. When brushing your client's teeth (if required) you should occasionally check under the tongue and inside the lips for sore spots.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Mark the one that is TRUE.

    a. Hold the skin tight with one hand and shave in the direction the hairs grow with the other hand

    b. Hold the skin tight with one hand and shave in the opposite direction from the way the hairs grow with the other hand

    c. Hold the skin tight and start with the cheeks

    d. Hold the skin tight and start with the chin.

16. Mark the one that is TRUE.

    Good grooming

    a. will make no difference to your client

    b. is too expensive for many older people

    c. is the sign of an older person who does not act her age

    d. will help your client to feel good about himself.

17. Mark the one that is TRUE.

    The bathroom should be cleaned

    a. weekly

    b. after each use

    c. frequently

    d. as needed.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

18. Bed linens should

    a. be changed daily

    b. be changed weekly

    c. as needed

    d. only when the client has a toileting accident.

19. Mark the one that is TRUE.

    If your client has done nothing but sit in a chair for the past year you should

    a. suggest the client visit the senior center in order to develop an area of interest that will keep the client busy

    b. develop an interest in a handcraft, because handwork is a way of getting exercise

    c. encourage the older person to read some books to develop interest in outside activities

    d. discuss the situation with the client to see what kinds of recreational and social activities might be of interest to him.

20. Mark the ones that are TRUE. Which one of the following are sources for social activity for most older people?

    a. outings at senior centers or shopping centers

    b. library

    c church

    d. all of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

21. Three of the following statements are true. Mark the one that is FALSE.

    a. One of the problems of retirement is that many persons feel that they don't have an important place in life any more

    b. Many older people find work as volunteers in the community

    c. Most older people do not want to retire

    d. Retirement is usually accompanied by loss of some friends and income, as well as status.

22. Mark the one that is TRUE. Mandatory retirement limits the work lives of most people. Which one of the following is most likely to have to retire because of age?

    a. professor

    b. artist

    c. author

    d. actor.

23. Mark the one that is TRUE.

    In general, education for older people is

    a. worthwhile and satisfying

    b. will guarantee the older person a job

    c. useless

    d. expensive.

24. Three of the following are likely places for an older person to take a course. Which one is NOT?

    a. TV - "Sunrise Semester" or similar program

    b. Home study courses

    c. Local senior center

    d. Social Security Office.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

25. Three of the following are needs of older people for which the government has programs in some communities. Which is NOT?

    a. religious

    b. transportation

    c. nutrition

    d. health.

26. Three of the following are government programs for older people. Which one is NOT?

    a. American Association of Retired Persons

    b. Green Thumb

    c. Retired Senior Volunteer Program

    d. Foster Grandparents

27. Mark the one that is TRUE. Suppose your client has an obvious need for a better diet. A good place to get help would be

    a. AARP

    b. the local nutrition program for older people

    c. the Social Security Office

    d. The Welfare Office.

28. Mark the one that is TRUE. A good place to contact to help meet needs of your client would be

    a. the Welfare Department or Social Security Office

    b. the telephone company

    c. other older people

    d. all of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

29. Mark the one that is TRUE. If you have no idea of where to get a service your client needs, the best place to call would be

    a. the mayor

    b. the family

    c. the church

    d. the information and referral service.

30. Mark the one that is TRUE. If your client has dry skin, you should insure that the client bathes

    a. daily

    b. monthly

    c. as often as the doctor recommends

    d. with water only.

31. Mark the one that is TRUE.

    As a person ages, the nails tend to become

    a. softer

    b. easier to care for

    c. tougher and thicker

    d. there is no change.

32. Mark the one that is TRUE.

    Dentures

    a. should be brushed while in the mouth.

    b. do not need brushing

    c. require brushing frequently

    d. should be removed while eating.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

33. Mark the one that is TRUE. Although care should be exercised when shaving all parts of a client's face, the most difficult area and the one where the most care should be exercised is the

    a. cheeks

    b. chin

    c. upper lip

    d. neck.

34. Three of the following statements are true. Mark the one that is FALSE.

    a. Because of vision problems, an older person is apt to dress with uncoordinated colors

    b. An arthritic person may need help with buttons

    c. When assisting a man to put on his trousers, both legs should be put on at the same time as he sits on the bed

    d. A sense of humor can be helpful while assisting a person dressing.

35. Mark the one that is TRUE.

    The bedpan

    a. should be emptied immediately in the nearest sink

    b. should be cleaned and disinfected just before it is used each time

    c. is not the responsibility of the Home Helper

    d. should be covered with a cloth or paper towel while carrying it to the bathroom to empty it.

36. Mark the one that is TRUE.

    The clothing should be

    a. kept clean

    b. washed daily

    c. washed weekly

    d. washed when it begins to smell bad.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

37. Three of the following statements are true. Mark the one that is FALSE.

    a. Aging does not necessarily keep older people from enjoying a full social life

    b. Older persons enjoy many activities with persons in their own age groups, but also are able to relate to teenagers, children, and persons in the "middle" years

    c. Social Security laws keep retired persons from doing any work for pay

    d. Many retired persons like to do volunteer work for others.

38. Mark the one that is most correct. Activities probably cannot be arranged for an older person who is

    a. bedridden

    b. home bound

    c. crippled

    d. seriously ill.

39. Three of the following statements are true. Mark the one that is FALSE.

    a. Volunteer work sometimes leads to a job

    b. Volunteer work can be as satisfying as employment

    c. Volunteer work can be an effective way to regain lost status

    d. Volunteer work affects Social Security benefits.

40. Three of the following are types of employment generally available to older people. Mark the one that is NOT.

    a. babysitting

    b. foster parent

    c. part-time secretary

    d. school teacher.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

41. Three of the following statements are true. Mark the one that is FALSE.

    a. Some older people get college degrees after they are 65

    b. Older people should attend only classes designed for people their age

    c. Education for older people has been found to help them live more meaningful lives

    d. Although they have lived a long time, older people find there is still more to learn about life.

42. Three of the following usually have courses which older people can take. Which one does NOT?

    a. Colleges

    b. Junior college or community college

    c. High schools

    d. Elementary schools

43. Three of the following are needs of older people for which the government has programs in some communities. Which one is NOT?

    a. income

    b. home maintenance

    c. housing

    d. visits by family members.

44. Three of the following are government programs for older people. Which one is NOT?

    a. Supplementary Security Income

    b. Gray Panthers

    c. Senior Companion

    d. Supplemental Rent Payments

GO NOT GUESS. READ EACH QUESTION CAREFULLY.

45. Mark the one that is TRUE. If your client cannot afford to go to a doctor you should contact first

    a. the doctor

    b. the bank

    c. Social Security

    d. State Welfare Office.

46. Mark the one that is TRUE. Which of the following are places you might contact to help meet needs of your client?

    a. local Office on Aging

    b. Senior Citizen's Transportation or Meals-on-Wheels Center

    c. church

    d. all of the above.

47. Mark the one that is TRUE. When giving a bed bath, usually you wash

    a. the feet first, then the face, then other parts of the body

    b. the order is not important

    c. the body, then the face, then the feet

    d. the face first, then bathe other parts of the body finishing with the feet.

48. Mark the one that is TRUE.

    As a person ages, the skin tends to become

    a. dryer

    b. oilier

    c. easier to care for

    d. less likely to have rashes and sores.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

49. Three of the following statements are true. Mark the one that is FALSE.

a. You can't brush your teeth too often

b. Your client should be encouraged to rinse the mouth after each meal

c. Care of the gums is as important as cleaning the teeth

d. Even though a person is unconscious, care of the mouth should be continued.

50. Mark the one that is TRUE.

Under the chin you shave

a. downward

b. from side to side

c. upward

d. in any direction.

51. Mark the one that is TRUE.

If your client had a stroke which left one arm paralyzed

a. you will have to dress the client

b. the client can probably dress herself if special fasteners are sewn into the clothes

c. the client will not need to get dressed

d. the client will be able to tie his/her own shoes.

52. Mark the one that is TRUE.

When helping an older client to use the bedpan you should

a. hold the bedpan to prevent accidents

b. leave the client in private, if possible

c. have the client empty it

d. encourage the client to use it as seldom as possible.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

53. Mark the one that is TRUE.

Body cleanliness is

- a. the responsibility of the client only
- b. the responsibility of the nurse/doctor only
- c. essential to good health
- d. not important.

54. Three of the following statements are true. Mark the one that is FALSE.

- a. Due to sight and hearing problems few older people can enjoy the movies
- b. Even though an older person must stay in bed there are social and recreational activities in which the older person can take part
- c. An older person confined to a wheelchair can continue to pursue a hobby of gardening
- d. The Home Helper does not have to fill every minute of the older person's day with some kind of activity.

55. Three of the following statements are true. Mark the one that is FALSE.

- a. The average older person usually cannot find the inner strength to solve his own problems
- b. Different older people have different recreational and social needs
- c. Not all older people are interested in going to church
- d. One's physical condition rather than age is a better indicator of type of physical activity one should engage in.

56. Mark the one that is TRUE.

- a. Work of some kind can be found for any older person except the seriously ill or infirm
- b. Work for pay can always be found if the older person will just look hard enough
- c. Work can be satisfying even though one does not get paid
- d. Work is not an important part of all our lives.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

57. Three of the following are types of employment generally available to older people. Mark the one that is NOT.

    a. government employee

    b. part-time library assistant

    c. Home Helper

    d. maid or butler

58. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person will have difficulty in school (as a student) because the mind deteriorates as one gets older

    b. Attending classes and learning new things are satisfying experiences for some older people

    c. It is important to keep mentally active

    d. Many times an older person in a class makes the class more meaningful for the others because of the older person's experiences.

59. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people can return to college

    b. Some junior colleges have special classes for older people

    c. Many schools offer tuition-free courses to people 65 and older

    d. Older people should not go to college unless they are working towards a degree.

60. Three of the following statements are true. Mark the one that is FALSE.

    a. Even though some older people have plenty of money, they still may have needs which require outside help

    b. Some older people live in houses that are too big

    c. All federal programs for the elderly are available to every older person

    d. Medicare does not take care of all doctor's bills.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

61. Mark the one that is TRUE.

Title VII of the Older American's Act provides for

a. medical care for the elderly

b. nutrition programs for the elderly

c. housing for the elderly

d. education of Home Helpers.

62. Mark the one that is TRUE. If your client wanted to volunteer for community service, the best contact would be

a. city hall

b. the client's family

c. R.S.V.P.

d. AARP.

63. Mark the one that is TRUE. Places you might contact to help meet needs of your clients include

a. banks

b. teenage organizations or schools

c. information and referral offices

d. all of the above.

64. Mark the one that is TRUE. If your client wished to meet other older people, good places would include

a. a nursing home or senior citizens center

b. the library or a shopping center

c. all of the above

d. none of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

65. Three of the following statements are true. Mark the one that is FALSE.

a. After you have helped the client into the tub or shower you can go about your chores in another part of the house

b. When helping a person with a tub bath it is important to realize that the warm bath water may temporarily weaken him

c. Bedridden patients can have their hair washed while in bed

d. The Home Helpers should be sure that their client, if bedridden, receives a bath as often as the doctor recommends.

66. Three of the following statements are true. Mark the one that is FALSE.

a. The Home Helper does not need to talk with the doctor before cutting the client's toenails

b. Toenails require frequent care

c. If your client begins to have difficulty walking, one area you can check is the toenails

d. Toenails should be cut straight across.

67. Mark the one that is TRUE.

When inserting a person's dentures

a. The Home Helper is not authorized to do this

b. You should cover your fingers with a gauze or kleenex

c. You should put the uppers in first

d. You should put the lowers in first.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

68. Three of the following statements are true. Mark the one that is FALSE.

- a. Before shaving a client, it is a good idea to cover the area to be shaved with a warm towel
- b. Before shaving a client, you should insure that the razor is sharp
- c. Before shaving a client, you should lather one side of the face, then the other after the first side is shaved
- d. Before shaving a client, you should practice on someone else.

69. Mark the one that is TRUE.

The older person should

- a. not get dressed unless leaving the house
- b. get dressed every day whether going out or not
- c. not have to worry about washing clothes regularly because the clothes don't get dirty
- d. be discouraged from wearing modern clothes.

70. Mark the one that is TRUE.

Incontinence is

- a. inability to control bladder and bowel movements
- b. the same as intolerance
- c. the inability to feed oneself
- d. inability to speak clearly.

71. Mark the one that is TRUE. As people age, they

- a. have more problems with personal cleanliness
- b. become less concerned with personal cleanliness
- c. cause the Home Helper to work harder on the client's personal sanitation
- d. need to continue to pay attention to maintaining their personal cleanliness.

Multiple-Choice Assessment

VI Nutrition and Food Handling for Aging Services

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. An older person's food habits can be affected by inflation and lack of transportation

   b. Most older people need to eat only one or two times a day

   c. A lesser amount of food is required by most older people

   d. Good nutrition depends more on the quality of food than the amount of food a person eats.

2. Mark the one that is TRUE.

   An attractive tray of food

   a. is not necessary for a disoriented person

   b. will include colorful food attractively arranged

   c. is not possible for a person on a soft diet

   d. is always nutritious.

3. Mark the one that is TRUE.

   Any food that is left over after a meal should be

   a. covered and refrigerated

   b. promptly put in the garbage

   c. frozen for later use

   d. any of these according to circumstances.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. Use a different towel for drying your hands than the towel for drying the dishes

   b. Use cold water to wash dishes to prevent dishpan hands

   c. Always wash hands after using the toilet

   d. Never put the spoon back in the pot after you have used it for tasting.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. Soft foods are more pleasing to the taste of older people than hard/crisp foods

   b. Set the table or tray in an orderly way

   c. A piece of parsley will make buttered potatoes more appealing

   d. The Home Helper should encourage the client to eat but not force him to eat.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. One serving of meat per day should be included in the older person's diet

   b. One dark green or yellow vegetable should be included every day in a person's diet

   c. Four or more servings of bread or cereals should be included in everyone's diet

   d. Fats should be included in most diets to raise caloric content.

7. Three of the following statements are true. Mark the one that is FALSE.

   a. The food should be recognizable

   b. Cold foods are served cold

   c. Do not serve all fried foods

   d. Do not serve a hot food in the summer time.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Mark the TRUE statement.

   a. Fresh vegetables cannot be stored several days in the refrigerator

   b. Fresh vegetables should be bought in large quantities

   c. Fresh vegetables are not good for older people

   d. Fresh vegetables are sometimes cheaper than canned vegetables.

9. Mark the TRUE Statement.

   When cooking, the handles of the pots and pans should be

   a. turned towards the back of the stove

   b. turned towards the front of the stove

   c. turned towards the left side for left-handed people and vice versa

   d. turned in the most convenient direction.

10. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person who refuses to eat is all right

    b. An older person who refuses to eat may be sick

    c. An older person who refuses to eat may not be hungry

    d. An older person who refuses to eat may not like the food.

11. Mark the one that is TRUE.

    The food habits of older people

    a. are basically good

    b. are all bad and need to be changed

    c. come from a lifelong pattern of eating

    d. are easy to change.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

12. Three of the following statements are true. Mark the one that is FALSE.

    a. It is important to have three meals a day

    b. The health and attitude of the elderly person may affect his eating habits

    c. It is better to plan menus with the older person's favorite foods and slowly add nutritious new foods

    d. In many cases, food habits are related to the religion or culture of the older person.

13. Three of the following statement are true. Mark the one that is FALSE.

    a. Non-fat dry milk lasts a long time on the shelf

    b. If the date on the packaged food has expired, it is still okay to use the food if cooked well

    c. Do not buy a can of food if the top is swollen

    d. Food bought in larger packages is not always cheaper than food bought in small packages.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. Do not comb your hair in the kitchen while fixing a meal

    b. Baking soda should be used to put out grease fires in the kitchen

    c. If fresh fruits and vegetables have been wrapped or packaged at the store they do not need to be washed

    d. a person should not put his hands on the part of dishes or utensils which touches food.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. Sometimes when older people refuse to eat they are lonely

    b. When feeding people who cannot feed themselves, be sure to wipe the corners of their mouths during the meal

    c. Your attitude toward your own meal may affect your elderly client's attitude toward eating

    d. The more food on the plate, the more the client will eat.

16. Three of the following statements are true. Mark the one that is FALSE.

    a. Non-fat dry milk is nutritious, inexpensive and can be used in many recipes as a substitute for fresh milk

    b. An older person needs the same amount of milk as a 19-year-old

    c. Dairy products are necessary in the older person's diet

    d. Older people should drink only low-fat or non-fat milk.

17. Three of the following statements are true. Mark the one that is FALSE.

    a. Steamed cabbage and brussel sprouts should not be included in the same meal

    b. Biscuits and gravy, cornbread and coffee do not constitute a nutritionally balanced breakfast

    c. Rice, gravy, cauliflower, codfish, and vanilla pudding would be a pleasing nutritious menu

    d. A good menu for the noon meal would be toasted ham sandwich, tossed green salad, peach halves and milk.

18. Three of the following statements are true. Mark the one that is FALSE.

    a. Most packaged food is marked with a date past which the food is not fresh

    b. One should always buy in large amounts to save money

    c. A round steak can be cooked so as to be as tender as a more expensive cut of meat

    d. Liver is relatively inexpensive and is good for you.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. Dishes should be rinsed before putting them in the dishwasher

    b. The table, sink, and all food preparation surfaces should be washed clean after each meal

    c. If a cloth table covering is used it should be laundered weekly.

    d. Kitchen and eating areas and all utensils should be cleaned promptly after each meal.

20. Mark the one that is TRUE.

    If your client asks you to feed him, you should

    a. refuse, it is better for clients to feed themselves

    b. agree, but tell the client that this is the only time.

    c. agree, but if the client is physically able to feed himself, gradually encourage the client to do so

    d. refuse, but do so the next time you are asked.

Multiple-Choice Assessment

VII Meeting Home Management Needs

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. The least important responsibilities of the Home Helper are the home management ones.

   b. The normal work week for a full-time Home Helper will be 40 hours.

   c. At first, you can expect people (client, families, agencies) to not understand the Home Helper's particular talents for working with the elderly.

   d. The written agreement will help others to understand what the Home Helper does and does not do.

2. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Helper should expect the client to be totally dependent on her.

   b. The Home Helper should expect some dependence on the part of the client.

   c. The Home Helper who feels the client is too dependent should slowly try to get the client to do more things for himself.

   d. The Home Helper should encourage the client who is too dependent to accept more help from the Home Helper.

3. Three of the following statement are true. Mark the one that is FALSE.

   a. Home Helpers should assist the client in assuring that his clothes are kept clean.

   b. If the client is planning a special event, the Home Helper should remind the client to plan ahead which clothes will be worn so they can be cleaned and pressed.

   c. Since some older people have trouble determining temperature changes, the Home Helper can help the client select light or heavy clothing for an outing.

   d. The Home Helper should realize that the older a person becomes, interest in dressing will decrease.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. Sometimes the Home Helper will have to help the client get a ride

   b. Most older people will not be able to manage their own affairs

   c. Other groups or agencies can be called upon to help the client with personal business affairs

   d. The Home Helper may help an older person work out a barter arrangement for regular rides to church, the store, etc.

5. Mark the one that is TRUE.

   The Home Management schedule

   a. is made up after being on the job about a week

   b. is the responsibility of the family

   c. is made up before the job begins

   d. cannot be changed.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. There is no need for safety measures for homebound persons

   b. Falls cause more injuries to older people than any other kind of accident

   c. A large percentage of accidents which happen to older people happen in their homes

   d. Safety measures are a responsibility of the Home Helper.

7. Three of the following statements are true. Mark the one that is FALSE.

   a. When handing a knife to another person, hold it by the handle

   b. Never reach for a falling knife

   c. When using a knife, always cut away from yourself

   d. When washing in the sink or dishpan, wash knives separately from silverware, dishes, and other utensils.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Mark the one that is TRUE.

   a. The written agreement should be developed several weeks after the Home Helper has started work

   b. The written agreement should be signed by the doctor

   c. The written agreement should have enough copies for each signer to have a copy

   d. The written agreement must be signed by a member of the client's family.

9. Mark the one that is TRUE.

   The Home Helper should

   a. do all the work in the house alone

   b. let the client do the work she can and wants to do

   c. hire outside help if necessary

   d. do only those jobs specifically mentioned in the written agreement.

10. Mark the one that is TRUE.

    When should the Home Helper select the clothes for the client?

    a. when asked

    b. when the clothes don't match

    c. when the clothes don't fit

    d. never.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. The Home Helper can help write letters when the clients can no longer do this

    b. The Home Helper is responsible for opening all mail for the client

    c. The Home Helper can be sure letters are read to clients who cannot see well

    d. The Home Helper can encourage others to write to a client who does not get much mail.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

12. Three of the following statements are true. Mark the one that is FALSE.

    a. The Home Management schedule shows daily chores only

    b. The Home Management schedule shows who is responsible for various jobs

    c. The Home Management schedule shows how often jobs are to be done

    d. The Home Management schedule shows which jobs are to be done.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. To prevent falls, light stairways and provide handrails on both sides

    b. To prevent falls, keep floors well polished

    c. To prevent falls, wipe up spills promptly

    d. To prevent falls, remove toys, throw rugs, and low furniture arrangements.

14. Mark the one that is TRUE.

    Your client should learn the best way to fall to avoid injury. The best way is

    a. cushion the fall with the arms in a straight position

    b. tense the muscles to prevent the bones from taking the shock

    c. relax, go limp and roll

    d. grab for the nearest object to break the fall.

15. Three of the following are in the written agreement. Mark the one that is NOT.

    a. Jobs the Home Helper is and is not responsible for

    b. How much the Home Helper will be paid

    c. Identifies the needs of the client

    d. Identifies amount of client's income.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

16. Mark the one that is TRUE.

    If the Home Helpers do their jobs correctly

    a. it will not be necessary to seek outside help

    b. they will use the resources that are available

    c. they will regularly call upon the families of the older persons to help

    d. they will do the work they are trained to do and call upon other resources as necessary.

17. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people should wear clothes in which they feel comfortable

    b. Older people with poor sight may have trouble selecting clothes which match

    c. You should tactfully tell older women that it is unbecoming for them to wear slacks

    d. The Home Helper should help the client select clothes which are easy to put on.

18. The Home Helper should NOT

    a. keep accurate bookkeeping records of cash purchases made for the older person at stores

    b. if asked, write out checks for client to pay bills

    c. work out system for petty cash accountability so Home Helper won't be accused of stealing

    d. make decisions about cash purchases for the client.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. A typical Home Management schedule might show that the Home Helper takes out the garbage daily

    b. A typical Home Management schedule might show that the client takes out the garbage daily

    c. A typical Home Management schedule might show that the client takes out the garbage daily at 8 a.m

    d. A typical Home Management schedule might show that the Home Helper takes out the garbage when the client is unable to do so.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. Keep all medicines in the same cabinet

    b. Glue sandpaper to bottles containing medicine which is to be taken internally

    c. Prepare special medicine labels with extra large letters for those with poor sight

    d. Never store medicines near foods and spices.

21. Three of the following statements are true. Mark the one that is FALSE.

    a. In case clothing catches fire, lie down and roll into a rug if indoors

    b. Cloth treated to be fire resistant is available only in children's clothes

    c. If clothing catches on fire, run

    d. Medium and heavy weight fabrics burn more slowly than light fabrics.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

22. Which one of the following statements regarding the written agreement is FALSE?

    a. It helps to keep the client or client's family from taking unfair advantage of the Home Helper

    b. It helps to keep the Home Helper from taking advantage of the client or the client's family

    c. It is a firm contract which cannot be changed

    d. It tells clearly who is responsible to pay the Home Helper.

23. Three of the following statements are true. Mark the one that is FALSE.

    a. The client who is wheelchair-bound who wants to talk with the Home Helper can be wheeled from room-to-room as the Home Helper goes about the daily chores

    b. A wheelchair-bound client cannot prepare meals

    c. Although the Home Helper might be able to get the work done faster alone, the client should be encouraged to help whenever possible

    d. All but the seriously ill clients can do some household chores.

24. Mark the one that is TRUE.

    Home Helpers

    a. should be tactful when suggesting other clothing to their clients

    b. are trained to have better taste in clothing than their clients

    c. should insist that the client buy new clothing when needed

    d. should not worry about clothing for bedfast clients.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Assist the client who cannot see well when using the telephone book

    b. Make a record of frequently-called numbers in large print for the client who cannot read small print

    c. Make appointments yourself for only those clients who are seriously ill

    d. Assist the client who has difficulty dialing, but let the client do the talking.

26. Mark the ones that are TRUE. Indicate which one/ones of the following might appear in a Home Management schedule.

    a. The client and Home Helper plan menus together weekly and water the plants weekly

    b. The client puts away clean clothes when required

    c. The Home Helper buys stamps when needed

    d. All of the above.

27. Three of the following statements are true. Mark the one that is FALSE.

    a. Dry hands before plugging in a toaster

    b. Use rubber bands to fasten loose sleeves before starting to cook

    c. Use masking tape to mend frayed electrical cords

    d. Never clean portable appliances while plugged in or hot.

28. Three of the following statements are true. Mark the one that is FALSE.

    a. Stop using chipped or cracked china and glass immediately

    b. Do not stack drinking glasses one inside another

    c. Carry only small amounts of dishes at one time

    d. Do not store glass and china near the sink.

Multiple-Choice Assessment

VIII Meeting Health Care Needs

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. The older person should sleep about

   a. 8 hours per night

   b. 4 hours per night

   c. 10 hours per night

   d. each individual requires differing amounts of sleep

2. Mark the one that is TRUE. Normal body temperature is

   a. 89.6°F Axillary

   b. 96.8°F Oral

   c. 98.6°F Oral and 99.6 F Rectal

   d. None of the above.

3. Mark the one that is TRUE.

   Prescription labels do not usually have which item of information:

   a. date of prescription

   b. daily dosage

   c. name of medicine

   d. disease for which prescribed.

4. Three of the following would normally be entered in the daily health record. Which one would NOT.

   a. temperature

   b. blood pressure

   c. number of visitors

   d. acceptance or rejection of food.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

5. Mark the one that is TRUE.

   If your client keels over while eating you should first suspect the client has had

   a. a heart attack

   b. a stroke

   c. food stuck in the windpipe

   d. fainted

6. Mark the one that is TRUE.

   The client who has stopped breathing should be administered

   a. liquids

   b. small amounts of food

   c. the hug of life

   d. mouth-to-mouth resuscitation.

7. If your client suffers what you believe to be a heart attack, the best person/place to contact first would be

   a. the ambulance service (to take client to hospital)

   b. the client's family

   c. a heart specialist

   d. the client's doctor.

8. Three of the following statements are true. Mark the one that is FALSE.

   a. In assisting a person to stand up from sitting in a chair, grasp him under both arms.

   b. Stand behind the person and assist.

   c. Keep your back as straight as possible.

   d. On your signal, lift her smoothly to a standing position.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

9. Three of the following statements are true. Mark the one that is FALSE.

    a. Many exercises of benefit to the older person can be completed while seated in a chair.

    b. Walking is an excellent form of exercise.

    c. Your client should be encouraged to do some form of exercise, regardless of how poor her health.

    d. Deep knee bends are a good form of exercise for most older people.

10. Three of the following statements are true. Mark the one that is FALSE.

    a. One's general physical condition depends on a balanced diet.

    b. One's general physical condition depends on age.

    c. One's general physical condition depends on daily regular exercise.

    d. One's general physical condition depends on adequate rest.

11. Mark the one that is TRUE.

    Average pulse rate is

    a. 60-75

    b. 80-100

    c. 100-125

    d. 125-140

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

12. Mark the one that is TRUE.

    One suggested technique for helping the older person to take proper dosages of medicine is to

    a. place all dosages to be taken throughout the day in separate containers

    b. assist the client in placing all dosages to be taken throughout the day in separate containers

    c. give the client a complete day's dosage at one time so as not to forget the daily requirement for medication

    d. assist the client in selecting and taking the complete day's dosage at one time so as not to forget the daily requirement medication.

13. Mark the one that is TRUE.

    The daily health record should be maintained by

    a. the client

    b. the doctor

    c. the client's family

    d. the Home Helper.

14. Mark the one that is TRUE.

    A client who clutches his chest, complains of pains in the arm and back is probably having

    a. a heart attack

    b. a stroke

    c. trouble breathing

    d. a fainting spell.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Mark the one that is TRUE.

The best first aid technique for a person who is choking is

a. nothing; they will cough up what is blocking the windpipe

b. stand behind the person, encircle the person with your arms, grasp your own hands and squeeze

c. have the person put his head between his legs

c. attempt to dig the object out of the windpipe with your fingers.

16. Mark the one that is TRUE.

If it appears your client has died you should contact first

a. the ambulance service (to take the client to the hospital)

b. the client's family

c. the funeral home

d. the client's doctor.

17. Three of the following statements are true. Mark the one that is FALSE.

a. Frequently changing position of the bedridden patient will help to prevent bedsores

b. It is not safe to take wheelchairs with patients in them down a ramp backwards

c. The client's home should be free from small throw rugs to prevent slipping and tripping

d. If your client uses a walker, he/she can probably get around the house without your assistance.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

18. Three of the following statements are true. Mark the one that is FALSE.

    a. Exercise should be done regularly

    b. Exercises are best done two times a day

    c. Exercises should be started slowly

    d. If heart and pulse increase during exercise contact the doctor.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people have fewer chronic health conditions than younger people

    b. Eighty to eighty-five per cent of older people have a chronic health condition

    c. Most older people can function fairly well despite their chronic health conditions

    d. Older people are more likely to be hospitalized than younger people.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. It is important to note if breathing is noisy, irregular or difficult as well as the rate at which the person is breathing

    b. The Home Helper should seek medical assistance when she notices rapid breathing, a flushed face, or erratic movements in the client

    c. One should notify a nurse or doctor at once if the pulse is less than 60 or more than 100 per minute

    d. When a person's nose is stopped up, you can take the temperature by placing the thermometer under the arm.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

21. Three of the following statements are true. Mark the one that is FALSE.

    a. Medicines are generally stored in the refrigerator and dispensed every six hours

    b. Because of the possibility of vision problems, many older people have difficulty reading the labels on their medicine bottles

    c. The Home Helper is not authorized to administer medication without special permission from medical authorities

    d. A client who takes a number of prescription drugs daily, should be very cautious about taking non-prescription drugs.

22. Mark the one that is TRUE.

    A daily health record should be maintained

    a. if directed by a doctor

    b. on every client

    c. to help the family decide whether the client is going to die

    d. on people over 75.

23. Mark the one that is TRUE.

    Of those listed below the worst break for an older person is

    a. a broken wrist

    b. a broken hip

    c. a broken arm

    d. a broken ankle.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

24. Three of the following statements are true with respect to first aid techniques with an elderly person who has suffered a fall. Which one is FALSE?

    a. Keep client warm and comfortable

    b. Do not move client if a broken bone is suspected

    c. Move client to a bed right away

    d. Stop any severe bleeding and cover wounds with sterile dressings.

25. Mark the one that is TRUE. If your client suffers what you believe to be a broken hip due to a fall, the best person/place to contact first would be

    a. the ambulance service (to take the client to hospital)

    b. the client's family

    c. an orthopedic specialist (bone specialist)

    d. the client's doctor.

26. Three of the following statements are true. Mark the one that is FALSE.

    a. Always tell the older person who is helpless you are going to move them before doing so

    b. In lifting a patient, your back should do most of the work.

    c. To turn a patient to one side, it is best to stand on the side of the bed toward which you want to turn the patient.

    d. Always observe the older person carefully right after you have helped change their position.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

27. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person who has had a stroke cannot be expected to get any exercise

    b. Simple games, walks, and musical activities are pleasant ways to get some types of exercise

    c. One purpose of exercise for older people is to create relaxation

    d. Exercise helps to improve circulation.

28. Three of the following statements are true. Mark the one that is FALSE.

    a. General visual acuity, which is the ability to see things clearly, declines with age

    b. An older person with cataracts will have to learn to live with them because there is no known remedy

    c. Glaucoma is a dangerous eye disease which could lead to blindness

    d. An older client experiencing difficulty threading her needle may need glasses to correct a condition known as farsightedness.

29. Three of the following statements are true. Mark the one that is FALSE.

    a. When reading blood pressure, the upper reading is called systolic pressure, and the lower reading is called diastolic pressure

    b. The average person over 60 can expect to have a systolic blood pressure of 140 to 170

    c. The instrument which measures blood pressure is called a sphygmomanometer

    d. An older persons' systolic blood pressure should never be more than 20 over the normal pressure reading.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

30. Mark the one that is TRUE. If your client feels faint for several minutes you should contact first

    a. the ambulance service (to take client to hospital)

    b. the client's family

    c. the client's doctor

    d. do nothing, it will probably go away.

31. Three of the following statements are true. Mark the one that is FALSE.

    a. Red or tender areas could become open sores if not cared for properly

    b. Gently knead red or tender areas to stimulate circulation

    c. A bedridden client should be checked daily for red or tender areas on the body

    d. A doctor should be contacted if a red or tender area does not clear up.

32. Mark the one that is TRUE.

    If your client has vision problems you should:

    a. Read the labels from medicine bottles to him when the prescription is delivered so he'll know what's in the bottle when he takes his medicine

    b. Make new labels in large print so the client can always know what's in the bottles

    c. Leave the medicine bottles near the bed so the client can get them during the night

    d. Keep the medicine away from the client and dispense all pills to the client yourself.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

33. Three of the following statements are true. Mark the one that is FALSE.

    a. The daily record serves to show progress or decline of the client

    b. The daily record is a useful record for the doctor

    c. The daily record should not be shown to the client

    d. The daily record should have a place for your own observations of the client.

34. Mark the one that is TRUE. If your client suddenly complains of numbness in the right arm and right leg or left arm and left leg, the client may have suffered

    a. a stroke

    b. a heart attack

    c. polio

    d. arteriosclerosis

35. Mark the one that is TRUE. If you think your client has suffered a stroke, the client should be

    a. taken to the doctor by you right away

    b. made to lie down and the medical authorities contacted

    c. given a cold drink

    d. given mouth-to-mouth resuscitation.

36. Three of the techniques below are proper when assisting a bedridden client to sit up. Mark the one that is NOT.

    a. Stand at a slight angle to the bed facing the client's shoulders

    b. Link both your arms under the client's arms

    c. Gently pull the client upright

    d. Have the client push with his heels or free arm against the bed.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

37. Three of the following statements are true. Mark the one that is FALSE.

    a. A purpose of exercise is to get rid of muscle pain

    b. A purpose of exercise is to create relaxation

    c. A purpose of exercise is to train the lungs

    d. A purpose of exercise is to tax the heart.

Multiple-Choice Assessment

IX Legal and Ethical Concerns

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are TRUE. Mark the one that is FALSE.

   a. A Home Helper needs to understand the laws of his state regarding wills, death, and burial

   b. The law protects elderly persons from being "put away" against their wills

   c. A Home Helper might be required to testify in a guardianship case

   d. Abuse and neglect of the elderly is as big a problem as is child abuse and neglect.

2. Mark the one that is TRUE. If the client is having trouble meeting financial obligations the Home Helper should

   a. arrange a loan for the client

   b. lend the client money

   c. ask the client's neighbors to lend money to the client

   d. arrange for the client to talk to the local office on aging, the local Social Security Office, and/or local welfare organization.

3. Which one of the following is not a right of senior citizens listed by the 1961 White House Conference on Aging?

   a. The right to be useful

   b. The right to freedom from want in old age

   c. The right to own and operate a car

   d. The right to live and die in dignity.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. Families have no legal responsibility for financial support of their older family members

   b. Power of Attorney is normally granted by the individual

   c. Legal guardianship is granted by the court

   d. A person who has Power of Attorney must act as the elderly person tells him.

5. Mark the statement that is TRUE.

   The Home Helper may not

   a. start commitment proceedings if it is clearly evident that the client should be in a mental institution

   b. call a doctor if the client is in need of medical assistance

   c. ask the outreach worker from the local senior center to visit the client

   d. start process for a mental evaluation if it is clearly evident that the client is out of touch with reality.

6. Which one of the following is not a right of Senior Citizens listed by the 1961 White House Conference on Aging?

   a. The right to live independently as one chooses

   b. The right to freedom from usurious loans

   c. The right to live and die with dignity

   d. The right to obtain decent housing suited to the needs of later years.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. Three of the following statements are true. Mark the one that is FALSE.

   a. A Home Helper can change a doctor's order if directed to do so by the client

   b. Older people do not have the right to free medical care

   c. The employment rights of older people are protected by law but this does not guarantee an older person who wants to work with a job

   d. Enforcement of nursing home standards is a state rather than federal responsibility.

8. The Home Helper should seek help (a consultation) from another professional.

   a. only when directed by the client

   b. only when directed by the family

   c. only when directed by the doctor

   d. when such help is needed.

9. Three of the following statements are true. Mark the one that is FALSE.

   a. One can assume that an older person sitting alone and looking out of the window is lonely and bored

   b. The Home Helper should respect the client's right to privacy

   c. When in the presence of the client, do not talk about him as if he were not there

   d. The Home Helper should try to keep relationships with the client and the client's family truthful.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

10. Three of the following statements are true. Mark the one that is FALSE.

    a. Medicare will pay for only 100 days care in an Extended Care Facility following hospitalization

    b. Older people who are financially eligible may receive long-term care funded by Medicaid

    c. Under no circumstances can an older person be "put away" against his will

    d. The procedures for commitment to a mental institution vary from state-to-state.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. In most states, the older person does not have to be present or represented by an attorney in a guardianship case

    b. In all cases when possible, the Home Helper should encourage the client to take part in all decisions which affect the client's life

    c. When someone has been appointed to a guardianship over an older person, the older person loses all legal rights

    d. Physical abuse of the elderly by their adult children is not a problem because the elderly can always get away from the situation.

12. Three of the following statements are true. Mark the one that is FALSE.

    a. Home Helpers should be concerned about local laws affecting Older Americans

    b. All of us are obligated by society to prepare ourselves for usefulness and independence in our later years

    c. Elderly persons have the right to be considered in local decisions affecting their health, housing, transportation, safety, education, and recreation

    d. The Home Helper, rather than the older person, is obligated to make all the adjustments required by age.

Multiple-Choice Assessment

II Job Opportunities and Expectations for Aging Services

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Helper has special training for working with the older client

   b. The Home Helper may be better able to care for a client than members of the client's family

   c. The Home Helper provides more help than an untrained maid

   d. The Home Helper is trained to provide medical care.

2. Three of the following statements are true. Mark the one that is FALSE.

   a. There are not enough persons trained as Home Helpers (or with similar training)

   b. There should be one trained person in the Homemaking field for at least every 100 older persons

   c. Home Helpers should be middle-aged women

   d. Trained Home Helpers are not available in most cities and towns.

3. Three of the following statements are true. Mark the one that is FALSE.

   a. Five per cent of all elderly live in institutions

   b. Every year there are fewer elderly in our population

   c. At present, there are more than 21,000,000 persons 65 years or older in the United States

   d. About 15 per cent of the people over 65 are either in institutions or unable to leave their homes.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. The service provided by a Home Helper would enable many older people to remain in their homes instead of moving to nursing or retirement homes

   b. The Home Helper's goal is to help the older person live a better life

   c. The Home Helper can solve all the problems facing the older person

   d. The Home Helper provides companionship to the older person as well as helping with home management.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. The role of the Home Helper is to take charge and do everything for the older person

   b. The Home Helper should encourage the clients to do those things which they can do themselves

   c. The Home Helper should give personal care that helps provide and maintain physical and emotional comfort

   d. The Home Helper should be aware of the programs that help older people in the community.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. The tasks of a Home Helper will change from home-to-home because older people have different needs

   b. The Home Helper must be able to do many different jobs in the home

   c. Above all, a Home Helper should be a warm, sensitive person

   d. The Home Helper's ability to communicate with the client is not as important as being able to get the job done.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. Three of the following statements are true. Mark the one that is FALSE.

   a. Home Helpers are involved with personal care of the client

   b. Home Helpers are to assist the client in keeping the home safe, clean and sanitary

   c. Home Helpers are to perform all duties in a legal and ethical manner

   d. Home Helpers are dieticians or social workers.

8. Three of the following statements are true. Mark the one that is FALSE.

   The Home Helpers are

   a. involved with menu planning

   b. involved with home management

   c. involved with providing skilled nursing care

   c. involved with meeting personal care needs.

9. Three of the following are steps in the career ladder for a Home HELPER. Mark the one that is NOT.

   a. A Public Welfare Administrator

   b. An ombudsman for older Americans

   c. Supervisor of other Home Helpers

   d. A consultant for those working with the elderly.

10. Three of the following statements are true. Mark the one that is FALSE.

   a. A Gerontologist specializes in the problems of older people

   b. A Gerontologist is a medical doctor

   c. A Gerontologist usually has a masters or doctors degree

   d. Becoming a Gerontologist could be a long-range goal of a Home Helper.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. Three of the following statements are steps in the career ladder for a Home Helper. Mark the one that is NOT.

    a. Director of home companion services

    b. Director of programs for the elderly

    c. Nursing Home Director

    c. Gerontologist

12. Three of the following are true. Mark the one that is FALSE.

    a. The Home Helper's role is to foster dependence in the aging client

    b. The Home Helper's role is to act as an enabler

    c. The Home Helper's role is to foster independence in the aging client

    d. The Home Helper's role is to see that client needs are met.

13. Three of the following are true. Mark the one that is FALSE.

    a. The Home Helper is a key member of the helping professions' team serving aging needs

    b. The Home Helper is the least important member of the helping professions team

    c. The Home Helper will sometimes be the one who enables the aged client to get the needed services from others in the helping professions' team

    d. Sometimes the Home Helper will need to help the client coordinate the services of the helping professions' team.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. Formal education requirements are higher for a social worker than for a Home Helper

    b. Formal education requirements are higher for a teacher than for a Home Helper

    c. Formal education requirements are higher for an assistant administrator of a nursing home than for a Home Helper.

    d. Formal education requirements are higher for a nursing home aide than for a Home Helper.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. It is hard to find people to assist older people who need need help in their homes

    b. In some places, the government or private agencies hire Home Helpers to help older people

    c. With additional training and/or formal education, an experienced Home Helper could be a director of a group of other Home Helpers

    d. There is no need for persons to serve as ombudsmen for older Americans.

16. Three of the following are available to the Home Helper as a change in jobs which may require some additional training but no higher level of formal education. Mark the one that is NOT.

    a. Day Care Administrator

    b. Child Development Aide

    c. Social Work Aide

    c. Long-Term Care Facility Aide

Multiple-Choice Assessment

III Understanding Aging

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. Most persons over 65 are in nursing homes

   b. Most older people live in a family setting

   c. More than one-third (1/3) of all older people live alone.

   d. About five (5) per cent of persons over 65 live in institutions. (nursing homes, retirement homes, hospitals, etc.).

2. Mark the TRUE answer. The primary block to achievement of sexual relations among older people is

   a. declining interest in sex

   b. the aging process

   c. the myth that older people are no longer interested in sex.

   c. physical capability.

3. Three of the following statements are true. Mark the one that is FALSE.

   a. Older people are capable of adjusting to changing situations

   b. There is a normal mental confusion in older people known as senility

   c. Retirement requires adjustment to a new life situation

   d. Many younger people think older people should take relatively inactive roles in life.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. Many people approach death with fear

   b. Some older people want to die

   c. A person who is dying of cancer should not be told that she is dying

   d. Most people would want to know that they are dying.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

5. Mark the TRUE answer.

   If a person is going to die, those about him should

   a. avoid that person except in unusual circumstances

   b. try to make sure that the dying person is a Christian before death arrives

   c. help the person face the impending death in any way possible

   d. leave all decisions about the person to the doctors and nurses.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. As people get older their differences due to lifelong customs tend to disappear

   b. Understanding the older persons' cultural background will help the Home Helper

   c. When working with older people, the Home Helper should keep in mind their ethnic, cultural, and personal differences

   d. An older black woman may need the same services as a Home Helper as an older white woman.

7. Select the one that is TRUE.

   Generally speaking, most clients

   a. will want to talk with you

   b. will want to read books

   c. will want to cook their own meals.

   d. will want to spend their time resting.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Three of the following statements are true. Mark the one that is FALSE.

   a. One out of every ten persons in the United States is 65 years old or older

   b. There are more women than men over 65 in the United States

   c. There are more men than women over 65 in the United States

   d. By the year 2000 people 65 and over are expected to number more than 30 million.

9. Three of the following statements are true. Mark the one that is FALSE.

   a. Most older men are still married

   b. Most older women are widows

   c. Older people should not get married

   d. One reason older people marry is to have satisfying sexual relationships.

10. Mark the one that is TRUE.

    Upon retirement, most older people can expect

    a. reduced income

    b. to be poor

    c. no income

    d. no changes in life style.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. Many doctors have a hard time talking about death with their dying patients

    b. Older people should be allowed to discuss their impending death

    c. Many older persons' approaches to death probably will reflect their approaches to life

    d. People in the last stages of life should be kept heavily sedated so they will die peacefully.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

12. Three of the following statements are true. Mark the one that is FALSE.

    a. One's attitude about death is affected by one's attitude about life

    b. The older one becomes the less one fears death

    c. You will be better prepared to deal with the subject of death if you have had some experience with dying people before

    d. Religion plays an important role in the dying process for many people.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. The cultural backgrounds of black, Mexican-American, Oriental and white older people are all different

    b. One will rarely find ethnic minority older people living alone because they live with their families

    c. An older black person is more likely to be female than male

    d. Spanish-speaking Americans who are from a Mexican heritage have some customs that are different from those of the Spanish-speaking Americans who come from Puerto Rico.

14. Mark the one that is TRUE. To be effective in their jobs, it is important for the Home Helpers to understand their own feelings about other people's customs, values and beliefs, so the Home Helper must be constantly aware of the fact that

    a. what often appears as ignorance in the older client may be due to lack of education

    b. all Mexican-Americans look after their own so home help would not be needed

    c. black older people are usually the leaders of their families

    d. Oriental older people are often highly respected by their children.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. Limited income from pensions and savings is frequently inadequate due to the effects of inflation

    b. Working older people have good attendance records

    c. Most older people (65+) have incomes below the poverty level

    d. Over ten (10) per cent of persons over 65 are still working.

16. Three of the following statements are true. Mark the one that is FALSE.

    a. Most older persons enjoy companionship with members of the opposite sex

    b. Most older men are not physically capable of completing the sex act

    c. Women who have passed through menopause are interested in and capable of sexual relationships

    d. Some older couples say they enjoy sex more now than when they were younger.

17. Mark the TRUE answer.

    Older people are

    a. senile

    b. unable to care for themselves

    c. lonely

    d. people with feelings and needs.

18. Mark the one that is TRUE. Elizabeth Kubler-Ross' work with people who know they are going to die has shown that most go through five stages of adjustment. Select the answer which lists these stages in the order most frequently encountered:

    a. denial, anger, bargaining, depression, acceptance

    b. depression, denial, anger, acceptance, bargaining

    c. anger, denial, bargaining, depression, acceptance

    d. denial, depression, anger, acceptance, bargaining.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

19. Mark the one that is TRUE.

The Home Helper should

a. address white clients with Mister or Mrs., Mexican-American clients with Senor or Senora and Black clients by first name because that is what they are accustomed to

b. expect each client to be different in some ways

c. not be expected to work for clients of a different race

d. love all older people regardless of race, creed, or color.

20. Mark the one that is TRUE. The Home Helper should discuss death with the older person

a. when the Home Helper sees the older American is going to die

b. every day so that the older person will be better prepared for death

c. whenever the older person indicates that he or she wishes to discuss death

d. never.

21. Three of the following are false. Mark the one that is TRUE.

Older Spanish-speaking people

a. are harder to work for because their houses are not kept well

b. are harder to work for because they resent people from other races

c. are harder to work for because they do not speak English

d. are harder to work for until a Home Helper learns about the person's culture and habits.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

22. Three of the following statements are true. Mark the one that is FALSE.

    a. Some families have two or more generations over 65

    b. A man who is 65 can expect to live until he is about 78

    c. Upon retirement older people should continue to lead lives which are similar to those lived before retirement

    d. Upon retirement, older people should lead calm, serene lives with little activity.

23. Three of the following statements are true. Mark the one that is FALSE.

    a. People over 65 do not engage in sexual activity

    b. Many men and women enjoy sexual relationships until death

    c. Kissing, touching, hugging, and caring are enjoyed by older people as well as younger people

    d. Families may be reluctant to accept a new mate for their aged parent.

24. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person with psychological problems should be encouraged to seek mental health counseling

    b. True senility is the result of a physical condition known as organic brain disease

    c. An older person with obvious signs of emotional disturbance cannot be helped by a psychiatrist or psychologist

    d. Many older people are psychologically sound until death.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Terminally ill persons often appreciate the small daily joys that sometimes go unnoticed

    b. When a person is dying it is important to understand and respect his/her religious beliefs

    c. Dying is a very personal experience

    d. Death is a "taboo" subject to talk about with older person.

26. Three of the following statements are true. Mark the one that is FALSE.

    a. Some people have no fear of death

    b. All people believe in some form of after life

    c. Some people feel that death is inevitable so why worry about it

    d. Most people think about their own death occasionally.

27. Mark the one that is TRUE.

    Generally speaking, the life expectancy of white men is

    a. longer than for black men

    b. shorter than for black men

    c. the same as for black men

    d. there is no information which compares the racial differences.

28. Mark the statement that is TRUE. The Home Helper should

    a. never call a client by his or her first name

    b. treat every client the same

    c. develop an understanding of the life style of each client

    d. be expected to impose his own beliefs on the client.

Multiple-Choice Assessment

IV Human Relations Skills

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Which one of the following best describes the attitude a Home Helper should have when communicating with another person?

   a. guarded and sharp

   b. angry and hostile

   c. open and honest

   d. careful and suspicious.

2. Three of the statements are true. Mark the one that is FALSE.

   If your client has feelings of fear, helplessness or anxiousness, you should

   a. ignore them, they will pass

   b. agree with the client

   c. help the older person talk about them

   d. notify the client's family.

3. Three of the following statements are true. Mark the one that is FALSE.

   a. Communication is both verbal and non-verbal

   b. Effective communication is easier when you face the person with whom you are trying to communicate

   c. A person's background and culture make no difference in the way you should communicate with that person

   d. You can learn things which will help you communicate better with older people.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following are TRUE. Mark the one that is FALSE. A block to effective communication is

   a. when message does not apply to situation

   b. when the speaker is too intense

   c. when the speaker talks too loudly

   d. when the listener really wants to hear.

5. Mark the one that is TRUE. A part of the speaker's non-verbal message is her

   a. smile

   b. posture and hand gestures

   c. choice of place for conversations

   d. all of the above.

6. A mediator helps two other people work out their problems. Three of the following are roles of the Home Helper acting as a mediator. Which one is NOT?

   a. Gathering information

   b. Listening to only one side

   c. Demonstrating his trustworthiness to both parties

   d. Making suggestions for ways of resolving differences.

7. Three of the following are good ways to communicate with a deaf person. Which one is NOT.

   a. Use a higher tone of voice

   b. Be sure the person can see you

   c. Use short sentences

   d. Use gestures to indicate what you are saying.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Three of the following are essential elements in conducting an interview with an older client. Which one is NOT?

   a. Face your client

   b. Talk very loudly.

   c. Be sure client has a comfortable place to sit

   d. Reduce distractions by turning off TV and radio.

9. **Mark the one that is FALSE. Three of the following are roles of the Home** Helper acting as a mediator. Which one is NOT?

   a. Never intervene

   b. Find a way for each to save face

   c. Keep tensions from building up

   c. Encourage the parties to make their own decisions.

10. Three of the following statements are true. Mark the one that is FALSE.

   a. Home Helpers need to understand that people from different cultures have different ways of doing things

   b. Different cultures and ethnic groups define cleanliness in different ways

   c. Some cultures encourage a lot of friendly physical contact, others do not

   d. As people age cultural differences get less.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. One of the tools for determining whether your client is in need of Reality Orientation is a set of awareness questions. Which of the following is NOT a typical awareness question?

    a. How much do you weigh

    b. When is your birthday

    c. Are you married now

    d. What kind of job did you have?

12. Three of the following are barriers to effective communication. Which one is NOT?

    a. The speaker cares about his message

    b. The message is delivered too fast or too slowly

    c. The listener is angry

    d. The listener has withdrawn.

13. Three of the following are parts of a nonverbal message. Which one is NOT?

    a. saying you are angry

    b. tone of voice

    c. sequence of words

    d. volume of voice.

14. Mark the one that is TRUE.

    If your client has beliefs with which you disagree, you should

    a. ignore the client when talking about such beliefs

    b. respect the client's right to have different views from your own

    c. try to convince the client he is wrong

    d. seek outside help from a counselor.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Mark the one that is FALSE.

The basic principles of Reality Orientation include

a. use of the Reality Board

b. a hopeful attitude on the part of the Home Helper

c. talk with the client at every reasonable chance

d. don't "drill" your client - just keep presenting information at every opportunity.

16. Three of the following statements are true. Mark the one that is FALSE.

a. Most older persons are reserved and do not like to touch or be touched

b. Cherishing and respect are important parts of human relations and need to be understood by Home Helpers in their relations with the elderly

c. Conflict between the Home Helpers and the client is to be expected at times

d. When one has a good understanding of communication skills most conflicts can be resolved.

17. Mark the one that is TRUE. If you were interviewing your client usually it would be best if the interview were conducted

a. with client only

b. with client and client's family

c. with client and client's doctor

d. with client and client's friend.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

18. Three of the following are blocks to effective communication. Which one is NOT?

    a. The listener is very ill

    b. The speaker trusts the listener

    c. The timing of the message is off

    d. The listener finishes the message in his own mind before the speaker finishes.

19. Mark the one that is TRUE.

    A Home Helper who works with clients in a rural area will

    a. have the same responsibilities as one who works with people in the city

    b. have to learn farming skills

    c. usually be living in a rural area themselves

    d. have been raised in a rural area themselves.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. Decision making is the process of making commitments

    b. One must know what the goals are as the first step in solving a problem

    c. Being open and honest about a problem usually helps set the stage for solving the problem

    d. Some people are born good at solving problems and others will never be good at it.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

21. Three of the following statements are true. Mark the one that is FALSE.

    a. A Home Helper should let the client know when she is feeling helpless and frustrated

    b. A Home Helper should never let the client know when she is feeling angry or frustrated

    c. Personal experiences one has had with older people will affect how one relates to one's client as a Home Helper

    d. How one communicates with others in a class is related to how one will communicate on the job.

22. Three of the following statements are true. Mark the one that is FALSE.

    a. A touch message could be misunderstood by the person receiving the message

    b. One should use words which the listener will understand

    c. Training in nonverbal communication will help one to communicate more effectively

    d. One's habits in nonverbal communication cannot be changed.

23. Three of the following statements are true. Mark the one that is FALSE.

    a. By carefully arranging the physical setting of an interview (or conversation) a Home Helper can increase the effectiveness of communication

    b. It is important that the older person be put at ease during an interview

    c. The Home Helper can learn skills which will help him conduct interviews

    d. If you know the right way, it is always possible to communicate with an older person.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

24. Three of the following statements are true. Mark the one that is FALSE.

    a. Humor gets in the way of serious communications

    b. One should try to "listen" to and understand himself

    c. Feedback is an important element in effective communication

    d. Both people in a conversation should try to understand each other.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Sensitive persons can "hear" with their eyes as well as their ears

    b. What one expects to hear has no effect on what one hears

    c. Wanting to hear increases the amount of the message we receive

    d. Listening is complex but it is possible to improve how well we listen.

26. Three of the following statements are true about a client with vision problems. Which one is NOT?

    a. When setting the table be sure that objects on the table are within your client's visual field. (That the client can see everything)

    b. Face the client with vision problems toward the light or window to improve vision

    c. Being blindfolded and led around by another person helps to better understand how it feels to be blind

    d. Older people with vision problems can see bright colors better than dull colors.

27. Three of the following statements are true. Mark the one that is FALSE.

    a. "Feedback" is people letting you know what they think you just tried to say

    b. You communicate with your body as well as your words

    c. One focuses only on the verbal message in feedback

    d. The effects of feedback are not always easy to see.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

28. Three of the following statements are true. Mark the one that is FALSE.

a. Home Helpers need to know how to make decisions for their elderly clients

b. Home Helpers should not decide for themselves whether their clients should begin work as volunteers

c. Problem solving represents a way of organizing facts so that decisions can be made

d. Home Helpers should not decide for themselves whether their clients should buy a new TV or have the old one repaired.

29. Three of the following statements are true. Mark the one that is FALSE.

a. A successful Reality Orientation program will help to improve memory and awareness

b. A successful Reality Orientation program will lead to greater sociability and participation

c. A successful Reality Orientation program will lead to an increase in a desire to make selfcare efforts

d. A successful Reality Orientation program will lead to an improvement in speech.

30. Three of the following statements are true. Mark the one that is FALSE.

a. Laughter can be a sign of anxiety due to stress.

b. Yawning can be a sign of anxiety and stress

c. A sign of stress and anxiety is always found when a person who is usually quiet begins talking a lot

d. Mild G.I. tract disturbances/irregularities can be a sign of anxiety and stress.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

31. Mark the ones that are TRUE.

When one is under stress, one can relieve the stress by doing the following (you may mark more than one).

a. Yawning and sighing

b. Taking a deep breath, holding it and letting it out forceably so that the lips flutter

c. Taking a couple of hours off to pamper oneself

d. Rub the back of your own head, neck and shoulders.

32. Mark the one that is TRUE.

Stress is frequently caused by a loss. Losses that are particularly stress-producing are:

a. Loss of a loved one

b. Loss of good health

c. Loss of a hope/dream/goal, or job

d. All of the above.

33. Mark the ones that are TRUE. Mark the events of stress that can cause ill health (you may mark more than one).

a. Starting a new job

b. Visit from your in-laws

c. Celebrating a 50th wedding anniversary

d. All of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

34. Mark the statement that is TRUE.

    a. The only way to have a healthy life is to have a life free of stress

    b. The only way to have a healthy life is to know how to deal constructively with stress

    c. Life is so full of stress today that it is impossible to be healthy

    d. A good Home Helper will be able to keep his client from suffering from stress-related illness.

35. Three of the following statements are true. Mark the one that is FALSE.

    a. Reality Orientation is an effective way of helping older persons avoid becoming "forgetful" or out of touch with reality

    b. The key to an effective Reality Orientation program is the proper use of Reality Boards

    c. A positive attitude toward the elderly that expects them to take part in life to the fullest, is the basic assumption of Reality Orientation

    d. Unless care is taken, people who use Reality Orientation techniques begin to sound as if they are "talking down" to the client.

36. Three of the following are parts of a nonverbal message. Which one is NOT?

    a. tenseness of body

    b. what is said

    c. touching

    d. dress.

Multiple-Choice Assessment

V Meeting Personal Care Needs

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Mark the one that is TRUE.

   Bed linens should

   a. be changed daily

   b. be changed weekly

   c. as needed

   d. only when the client has a toileting accident.

2. Mark the one that is TRUE.

   The bathroom should be cleaned

   a. weekly

   b. after each use

   c. frequently

   d. as needed.

3. Mark the one that is TRUE.

   Good grooming

   a. will make no difference to your client

   b. is too expensive for many older people

   c. is the sign of an older person who does not act his/her age

   d. will help your client to feel good about him/herself.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Mark the one that is TRUE.

   When shaving a person you

   a. hold the skin tight with one hand and shave in the direction the hairs grow with the other hand

   b. hold the skin tight with one hand and shave in the opposite direction from the way the hairs grow with the other hand

   c. hold the skin tight and start with the cheeks

   d. hold the skin tight and start with the chin.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. All older people lose their teeth

   b. With good mouth care, good diet, and good health a person may keep his own teeth as long as he lives

   c. The older person should have regular dental checkups just as a younger person should

   d. When brushing your client's teeth (if required) you should occasionally check under the tongue and inside the lips for sore spots.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. While rubbing a person's back, you should use stroking, kneading, and squeezing motions

   b. A non-allergenic lotion will make a body massage more pleasant and help improve skin health

   c. Skin care is a problem for the doctor, not the Home Helper

   d. Massaging helps the blood circulation.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. When giving a bed bath, which area is least important to check for rashes, redness or sores?

   a. back of thighs

   b. shoulders

   c. lower back

   d. heels

8. Mark the one that is TRUE. If your client needed transportation, the best place to contact would be

   a. information and referral services

   b. AARP

   c. welfare department

   d. social security office.

9. Mark the ones that are TRUE. The following would be good places to contact to help meet needs of your clients:

   a. doctor

   b. city hall or public library

   c. client's family members

   d. all of the above.

10. Mark the one that is TRUE. If your client has income problems you should first check with the

    a. AARP

    b. The social security office

    c. R.S.V.P.

    d. The Gray Panthers.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. Three of the following are state programs for older people. Which one is NOT?

    a. State Welfare

    b. Medicaid

    c. State Employment Agency

    d. Social Security.

12. Three of the following statements are not true. Mark the one that is FALSE.

    a. Poor transportation is one of the major factors which keeps the elderly at home

    b. An older person who has a Home Helper is not eligible to go to a place that serves meals to the elderly

    c. Many older people do not have enough income to meet their needs

    d. Many older people do not have adequate health care.

13. Three of the following are likely to have information about educational opportunities for older people. Which one is NOT?

    a. Old Age Clubs

    b. Senior Center

    c. Information and Referral Office

    d. Visiting Nurse Association.

14. Three of the subjects listed below are likely to be ones which an older person would find useful. Which one is NOT?

    a. Study of Aging

    b. Typing

    c. Computer Programming

    d. Bookkeeping

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Three of the following are likely types of employment available to older people (65 plus). Mark the one that is NOT.

    a. Foster Grandparent

    b. Part-Time Receptionist

    c. Music Teacher (private)

    d. Postal Worker

16. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people make good employees but they are absent from work more often than younger employees

    b. Many employers have found that some of their best employees come from the over 65 age group

    c. Some retirees have found that after a few months of retirement life they would like to go back to work

    d. Some employers do not want to hire people who are over 65.

17. Three of the following are good sources of recreational activity for most older people. Which one is NOT a usual source?

    a. swimming pool

    b. senior center

    c. handball court

    d. bowling alley

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

18. Three of the following statements are true. Mark the one that is FALSE.

    a. A decline in health often means the older person cannot manage his daily life

    b. Older persons must spend a lot of money on medical care, food, housing, leaving little money for clothing, recreation, and transportation

    c. A person who is bedridden needs help with most aspects of personal grooming and cleanliness

    d. Older persons like to dress in plain, drab-colored clothes that are practical.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. Due to sight and hearing problems few older people can enjoy the movies

    b. Even though an older person must stay in bed there are social and recreational activities in which the older person can take part

    c. An older person confined to a wheelchair can continue to pursue a hobby of gardening

    d. The Home Helper does not have to fill every minute of the older person's day with some kind of activity.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. The average older person usually cannot find the inner strength to solve his own problems

    b. Different older people have different recreational and social needs

    c. One's physical condition rather than age is a better indicator of type of physical activity one should engage in

    d. Not all older people are interested in going to church.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

21. Mark the one that is TRUE.

    a. Work of some kind can be found for any older person except the seriously ill or infirm

    b. Work for pay can always be found if the older person will just look hard enough

    c. Work can be satisfying even though one does not get paid

    d. Work is not an important part of all our lives.

22. Three of the following are types of employment generally available to older people. Mark the one that is NOT.

    a. government employee

    b. part-time library assistant

    c. Home Helper

    d. maid or butler

23. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person will have difficulty in school (as a student) because the mind deteriorates as one gets older

    b. Attending classes and learning new things are satisfying experiences for some older people

    c. It is important to keep mentally active

    d. Many times an older person in a class makes the class more meaningful for the others because of the older person's experiences.

24. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people can return to college

    b. Some junior colleges have special classes for older people

    c. Many schools offer tuition-free courses to people 65 and older.

    d. Older people should not go to college unless they are working towards a degree.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Even though some older people have plenty of money, they still may have needs which require outside help

    b. Some older people live in houses that are too big

    c. All federal programs for the elderly are available to every older person

    d. Medicare does not take care of all doctor's bills.

26. Mark the one that is TRUE.

    Title VII of the Older American Act provides for

    a. medical care for the elderly

    b. nutrition programs for the elderly

    c. housing for the elderly

    d. education of Home Helpers.

27. Mark the one that is TRUE.

    If your client wanted to volunteer for community service, the best contact would be

    a. city hall

    b. the client's family

    c. R.S.V.P.

    d. AARP

28. Mark the one that is TRUE. Places you might contact to help meet needs of your clients include

    a. banks

    b. teenage organizations or schools

    c. information and referral offices

    d. all of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

29. Mark the one that is TRUE. If your client wished to meet other older people, good places would include

    a. a nursing home or senior citizens center

    b. the library or a shopping center

    c. all of the above

    d. none of the above.

30. Three of the following statements are true. Mark the one that is FALSE.

    a. After you have helped the client into the tub or shower you can go about your chores in another part of the house

    b. When helping a person with a tub bath it is important to realize that the warm bath water may temporarily weaken him

    c. Bedridden patients can have their hair washed while in bed

    d. The Home Helper should be sure that their client, if bedridden, receives a bath as often as the doctor recommends.

31. Three of the following statements are true. Mark the one that is FALSE.

    a. The Home Helper does not need to talk with the doctor before cutting the client's toenails

    b. Toenails require frequent care

    c. If your client begins to have difficulty walking, one area you can check is the toenails

    d. Toenails should be cut straight across.

32. Mark the one that is TRUE. When inserting a person's dentures

    a. the Home Helper is not authorized to do this

    b. you should cover your fingers with a gauze or kleenex

    c. you should put the uppers in first

    d. you should put the lowers in first.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

33. Three of the following statements are true. Mark the one that is FALSE.

    a. Before shaving a client, it is a good idea to cover the area to be shaved with a warm towel

    b. Before shaving a client, you should insure that the razor is sharp.

    c. Before shaving a client, you should lather one side of the face, then the other after the first side is shaved

    d. Before shaving a client, you should practice on someone else.

34. Mark the one that is TRUE.

    The older person should

    a. not get dressed unless leaving the house

    b. get dressed every day whether going out or not

    c. not have to worry about washing clothes regularly because the clothes don't get dirty

    d. be discouraged from wearing modern clothes.

35. Mark the one that is TRUE.

    Incontinence is

    a. inability to control bladder and bowel movements;

    b. the same as intolerance

    c. the inability to feed oneself

    d. inability to speak clearly.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

36. Mark the one that is TRUE.

Body cleanliness is

a. the responsibility of the client only

b. the responsibility of the nurse/doctor only

c. essential to good health

d. not important.

37. Mark the one that is TRUE.

The clothing should be

a. kept clean

b. washed daily

c. washed weekly

d. washed when it begins to smell bad.

38. Mark the one that is TRUE.

The bedpan

a. should be emptied immediately in the nearest sink.

b. should be cleaned and disinfected just before it is used each time

c. should be covered with a cloth or paper towel while carrying it to the bathroom to empty it

d. is not the responsibility of the Home Helper.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

39. Three of the following statements are true. Mark the one that is FALSE.

    a. Because of vision problems, an older person is apt to dress with uncoordinated colors

    b. An arthritic person may need help with buttons

    c. When assisting a man to put on his trousers, both legs should be put on at the same time as he sits on the bed

    d. A sense of humor can be helpful while assisting a person dressing.

40. Mark the one that is TRUE. Although care should be exercised when shaving all parts of a client's face, the most difficult area and the one where the most care should be exercised is the

    a. cheeks

    b. chin

    c. upper lip

    d. neck

41. Mark the one that is TRUE.

    Dentures

    a. should be brushed while in the mouth

    b. do not need brushing

    c. require brushing frequently

    d. should be removed while eating.

42. Mark the one that is TRUE. As a person ages, the nails tend to become

    a. softer

    b. easier to care for

    c. tougher and thicker

    d. there is no change

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

43. Mark the one that is TRUE. If your client has dry skin, you should insure that the client bathes

    a. daily

    b. monthly

    c. as often as the doctor recommends

    d. with water only.

44. Mark the one that is TRUE. If you have no idea of where to contact to get a service your client needs, the best place to call would be

    a. the mayor

    b. the family

    c. the church

    d. the information and referral service.

45. Mark the one that is TRUE. A good place to contact to help meet needs of your client would be

    a. the Welfare Department or Social Security Office;

    b. the telephone company;

    c. other older people;

    d. all of the above.

46. Mark the one that is TRUE. Suppose your client has an obvious need for a better diet. A good place to get help would be

    a. AARP

    b. the local nutrition program for older people

    c. the Social Security Office

    d. the Welfare Office.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

47. Three of the following are government programs for older people. Which one is NOT?

    a. American Association of Retired Persons
    b. Green Thumb
    c. Retired Senior Volunteer Program
    d. Foster Grandparents.

48. Three of the following are needs of older people for which the government has programs in some communities. Which is NOT a government program?

    a. religious
    b. transportation
    c. nutrition
    d. health.

49. Three of the following are likely places for an older person to take a course. Which one is NOT?

    a. TV - "Sunrise Semester" or similar program;
    b. home study courses;
    c. local senior center;
    d. Social Security Office

50. Mark the one that is TRUE.

    In General, education for older people is

    a. worthwhile and satisfying
    b. will guarantee the older person a job
    c. useless
    d. expensive.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

51. Mark the one that is TRUE. Mandatory retirement limits the work lives of most people. Which one of the following is most likely to have to retire because of age.

    a. professor

    b. artist

    c. author

    d. actor.

52. Three of the following statements are true. Mark the one that is FALSE.

    a. One of the problems of retirement is that many persons feel that they don't have an important place in life anymore

    b. Many older people find work as volunteers in the community

    c. Most older people do not want to retire

    d. Retirement is usually accompanied by loss of some friends and income, as well as status.

53. Mark the one that is TRUE. Which of the following are sources for social activity for most older people.

    a. outings at senior centers or shopping centers

    b. library

    c. church

    d. all of the above.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

54. Mark the one that is TRUE. If your client has done nothing but sit in a chair for the past year you should

    a. suggest the client visit the senior center in order to develop an area of interest that will keep the client busy

    b. develop an interest in a handcraft because handwork is a way of getting exercise

    c. encourage the older person to read some books to develop interest in outside activity

    d. discuss the situation with the client to see what kinds of recreational and social activities might be of interest to him.

55. Three of the following statements are true. Mark the one that is FALSE.

    a. Aging does not necessarily keep older people from enjoying a full social life

    b. Older persons enjoy many activities with persons in their own age groups, but also are able to relate to teenagers, children, and persons in the "middle" years

    c. Social Security laws keep retired persons from doing any work for pay

    d. Many retired persons like to do volunteer work for others.

56. Mark the one that is TRUE.

    As people age, they

    a. become less concerned with personal cleanliness

    b. have more problems with personal cleanliness

    c. cause the Home Helper to work harder on the client's personal sanitation

    d. need to continue to pay attention to maintaining their personal cleanliness.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

57. Mark the one that is most correct. Recreational and social activities probably cannot be arranged for an older person who is

    a. bedridden

    b. home bound

    c. crippled

    d. seriously ill.

58. Three of the following statements are true. Mark the one that is FALSE.

    a. Volunteer work sometimes leads to a job

    b. Volunteer work can be as satisfying as employment

    c. Volunteer work can be an effective way to regain lost status

    d. Volunteer work affects Social Security benefits.

59. Three of the following are types of employment generally available to older people. Mark the one that is NOT.

    a. baby sitting

    b. foster parent

    c. part-time secretary

    d. school teacher.

60. Three of the following statements are true. Mark the one that is FALSE.

    a. Some older people get college degrees after they are 65

    b. Older people should attend only classes designed for people their age

    c. Education for older people has been found to help them live more meaningful lives

    d. Although they have lived a long time, older people find there is still more to learn about life.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

61. Three of the following usually have courses which older people can take. Which one does NOT?

    a. colleges

    b. junior or community colleges

    c. high schools

    d. elementary schools.

62. Three of the following are needs of older people for which the government has programs in some communities. Which one is NOT?

    a. income

    b. home maintenance

    c. housing

    d. visits by family members.

63. Which one of the following is NOT a government program for older people?

    a. Supplementary Security Income

    b. Gray Panthers

    c. Senior Companion

    d. Supplemental Rent Payments.

64. If your client cannot afford to go to a doctor you should contact first

    a. the doctor

    b. the bank

    c. Social Security

    d. State Welfare Office.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

65. Mark the one that is TRUE. Which of the following are places you might contact to help meet needs of your client?

- a. local Office on Aging
- b. Senior Citizen's Transportation Site or Meals-on-Wheels Center
- c. church
- d. all of the above.

66. Mark the one that is TRUE. When giving a bed bath, usually you wash

- a. the feet first, then the face, then other parts of the body
- b. the order is not important
- c. the body, then the face, then the feet
- d. the face first, then bathe other parts of the body finishing with the feet.

67. Mark the one that is TRUE. As a person ages, the skin tends to become

- a. dryer
- b. oilier
- c. easier to care for
- d. less likely to have rashes and sores.

68. Three of the following statements are TRUE. Mark the one that is FALSE.

- a. You can't brush your teeth too often
- b. Your client should be encouraged to rinse the mouth after each meal
- c. Care of the gums is as important as cleaning the teeth
- d. Even though a person is unconscious, care of the mouth should be continued.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

69. Mark the one that is TRUE.

Under the chin you shave

a. downward

b. from side to side

c. upward

d. in any direction.

70. Mark the one that is TRUE.

If your client had a stroke which left one arm paralyzed

a. you will have to dress the client

b. the client can probably dress himself/herself if special fasteners are sewn into the clothes

c. the client will not need to get dressed

d. the client will be able to tie his/her own shoes.

71. Mark the one that is TRUE. When helping an older client to use the bedpan you should

a. hold the bedpan to prevent accidents

b. leave the client in private if possible

c. have the client empty it

d. encourage the client to use it as seldom as possible.

Multiple-Choice Assessment

VI Nutrition and Food Handling for Aging Services

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Any food that is left over after a meal should be

   a. covered and refrigerated

   b. promptly put in the garbage

   c. frozen for later use

   d. any of these according to circumstances.

2. Three of the following statements are true. Mark the one that is FALSE.

   a. An older person's food habits can be affected by inflation, and lack of transportation

   b. Most older people need to eat only one or two times a day

   c. A lesser amount of food is required by most older people

   d. The quality of food is more important than the amount of food a person eats.

3. Mark the one that is TRUE.

   An attractive tray of food

   a. is not necessary for a disoriented person

   b. will include colorful food attractively arranged

   c. is not possible for a person on a soft diet

   d. is always nutritious.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. Soft foods are more pleasing to the taste of older people than hard/crisp foods

   b. Set the table or tray in an orderly way

   c. A piece of parsley will make buttered potatoes more appealing

   d. The Home Helper should encourage elderly persons to eat, but do not force them to eat.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. Use a different towel for drying your hands than the towel for drying the dishes

   b. Use cold water to wash dishes to prevent dishpan hands

   c. Always wash hands after using the toilet

   d. Never put the spoon back in the pot after you have used it for tasting.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. An older person who refuses to eat is all right

   b. An older person who refuses to eat may be sick

   c. An older person who refuses to eat may not be hungry

   d. An older person who refuses to eat may not like the food.

7. Mark the TRUE Statement. When cooking, the handles of the pots and pans should be

   a. turned towards the back of the stove

   b. turned towards the front of the stove

   c. turned towards the left side for left-handed people and vice versa.

   d. turned in the most convenient direction.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Three of the following statements are true. Mark the one that is FALSE.

   a. One serving of meat per day should be included in the older person's diet

   b. One dark green or yellow vegetable should be included every day in a person's diet

   c. Four or more servings of bread or cereals should be included in everyone's diet

   d. Fats should be included in most diets to raise caloric content.

9. Three of the following statements are true. Mark the one that is FALSE.

   a. The food should be recognizable

   b. Cold foods are served cold

   c. Do not serve all fried foods.

   d. Do not serve a hot food in the summer time.

10. Mark the TRUE statement.

    a. Fresh vegetables cannot be stored several days in the refrigerator

    b. Fresh vegetables should be bought in large quantities

    c. Fresh vegetables are not good for older people

    d. Fresh vegetables are sometimes cheaper than canned vegetables

11. Three of the following statements are true. Mark the one that is FALSE.

    a. Do not comb your hair in the kitchen while fixing a meal

    b. Baking soda should be used to put out grease fires in the kitchen

    c. If fresh fruits and vegetables have been wrapped or packaged at the store, they do not need to be washed

    d. A person should not put his hands on the part of the dishes or utensils which touches food.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

12. Three of the following statements are true. Mark the one that is FALSE.

    a. Sometimes, when older people refuse to eat they are lonely

    b. When feeding people who cannot feed themselves, be sure to wipe the corners of their mouths during the meal

    c. Your attitude toward your own meal may affect your elderly client's attitude toward eating

    d. The more food on the plate, the more the client will eat.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. Non-fat dry milk lasts a long time on the shelf

    b. If the date on the packaged food has expired, it is still okay to use the food if cooked well

    c. Do not buy a can of food if the top is swollen

    d. Food bought in larger packages is not always cheaper than food bought in small packages.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. Dishes should be rinsed before putting them in the dishwasher

    b. The table, sink, and all food preparation surfaces should be washed clean after every meal

    c. If a cloth table covering is used it should be laundered weekly

    d. Kitchen and eating areas and all utensils should be cleaned promptly after each meal.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. It is important to have three meals a day

    b. The health and attitude of the elderly person may affect his eating habits

    c. It is better to plan menus with the older person's favorite foods and slowly add nutritious new foods

    d. In many cases, food habits are related to the religion or culture of the older person.

16. Mark the one that is TRUE. If your client asks you to feed him you should

    a. refuse, it is better for clients to feed themselves

    b. agree, but tell the client that this is the only time

    c. agree, but if the client is physically able to feed himself, gradually encourage the client to do so

    d. refuse, but do so the next time you are asked.

17. Three of the following statements are true. Mark the one that is FALSE.

    a. Steamed cabbage and brussel sprouts should not be included in the same meal

    b. Biscuits and gravy, cornbread, and coffee do not constitute a nutritionally balanced breakfast

    c. Rice, gravy, cauliflower, codfish, and vanilla pudding would be a pleasing nutritious menu

    d. A good menu for the noon meal would be toasted ham sandwich, tossed green salad, peach halves and milk.

18. Mark the one that is TRUE. The food habits of older people

    a. are basically good

    b. are all bad and need to be changed

    c. come from a lifelong pattern of eating

    d. are easy to change.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. Most packaged food is marked with a date past which the food is not fresh

    b. One should always buy in large amounts to save money

    c. A round steak can be cooked so as to be as tender as a more expensive cut of meat

    d. Liver is relatively inexpensive and is good for you.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. Non-fat dry milk is nutritious, inexpensive and can be used in many recipes as a substitute for fresh milk

    b. An older person needs the same amount of milk as a 19-year-old

    c. Dairy products are necessary in the older person's diet

    d. Older people should drink only low-fat milk.

Multiple-Choice Assessment

VII Meeting Home Management Needs

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. Home Helpers should assist the client in assuring that his clothes are kept clean

   b. If the client is planning a special event, the Home Helper should remind the client to plan ahead which clothes will be worn so they can be cleaned and pressed

   c. Since some older people have trouble determining temperature changes, the Home Helper can help the client select light or heavy clothing for an outing

   d. The Home Helper should realize that the older a person becomes interest in dressing will decrease.

2. Three of the following statements are true. Mark the one that is FALSE.

   a. Sometimes the Home Helper will have to help the client get a ride

   b. Most older people will not be able to manage their own affairs

   c. Other groups or agencies can be called upon to help the client with personal business affairs

   d. The Home Helper may help an older person work out a barter arrangement for regular rides to church, the store, etc.

3. Mark the one that is TRUE. The Home Management schedule

   a. is made up after being on the job about a week

   b. is the responsibility of the family

   c. is made up before the job begins

   d. cannot be changed.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Three of the following statements are true. Mark the one that is FALSE.

   a. There is no need for safety measures for homebound persons

   b. Falls cause more injuries to older people than any other kind of accident

   c. A large percentage of accidents which happen to older people happen in their homes

   d. Safety measures are a responsibility of the Home Helper.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. When handing a knife to another person, hold it by the handle

   b. Never reach for a falling knife

   c. When using a knife, always cut away from yourself

   d. When washing in the sink or dishpan, wash knives separately from silverware, dishes, and other utensils.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. The least important responsibilities of the Home Helper are the management ones

   b. At first, you can expect people (client, families, agencies) to not understand the Home Helper's particular talents for working with the elderly

   c. The normal work week for a full-time Home Helper will be 40 hours

   d. The written agreement will help others to understand what the Home Helper does and does not do.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Helper should expect the client to be totally dependent on her

   b. The Home Helper should expect some dependence on the part of the client

   c. The Home Helper who feels the client is too dependent should slowly try to get the client to do more things for himself

   d. The Home Helper should encourage the client who is too independent to accept more help from the Home Helper.

8. Mark the one that is TRUE. When should the Home Helper select the clothes for the client?

   a. when asked

   b. when the clothes don't match

   c. when the clothes don't fit

   d. never.

9. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Helper can help write letters when the clients can no longer do this

   b. The Home Helper is responsible for opening all mail for the client.

   c. The Home Helper can be sure letters are read to clients who cannot see well

   d. The Home Helper can encourage others to write to a client who does not get much mail.

10. Three of the following statements are true. Mark the one that is FALSE.

   a. The Home Management schedule shows daily chores only

   b. The Home Management schedule shows who is responsible for various jobs

   c. The Home Management schedule shows how often jobs are to be done

   d. The Home Management schedule shows which jobs are to be done.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. To prevent falls, light stairways and provide handrails on both sides

    b. To prevent falls, keep floors well polished

    c. To prevent falls, wipe up spills promptly

    d. To prevent falls, remove toys, throw rugs, and low furniture arrangements.

12. Mark the one that is TRUE. Your client should learn the best way to fall to avoid injury. The best way is to

    a. cushion the fall with the arms in a straight position

    b. tense the muscles to prevent the bones from taking the shock

    c. relax, go limp and roll

    d. grab for the nearest object to break the fall.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. A typical Home Management schedule might show that the Home Helper takes out the garbage daily

    b. A typical Home Management schedule might show that the client takes out the garbage daily

    c. A typical Home Management schedule might show that the client takes out the garbage at 8 a.m

    d. A typical Home Management schedule might show that the Home Helper takes out the garbage when the client is unable to do so.

14. Mark the one that is TRUE. The Home Helper should

    a. do all the work in the house alone

    b. let the client do the work she can and wants to do

    c. hire outside help if necessary

    d. do only those jobs specifically mentioned in the written agreement.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

15. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people should wear clothes in which they feel comfortable

    b. Older people with poor sight may have trouble selecting clothes which match

    c. You should tactfully tell older women that it is unbecoming for them to wear slacks

    d. The Home Helper should help the client select clothes which are easy to put on.

16. The Home Helper should NOT

    a. keep accurate bookkeeping records of cash purchases made for the older person at stores

    b. if asked, write out checks for client to pay bills

    c. work out system for petty cash accountability so Home Helper won't be accused of stealing

    d. Make decisions about purchases for the client.

17. Mark the one that is TRUE.

    a. The written agreement should be developed several weeks after the Home Helper has started work

    b. The written agreement should be signed by the doctor

    c. The written agreement should have enough copies for each signer to have a copy

    d. The written agreement must be signed by a member of the client's family.

18. Three of the following statements are true. Mark the one that is FALSE.

    a. Keep all medicines in the same cabinet

    b. Glue sandpaper to bottles containing medicine which is to be taken externally

    c. Prepare special medicine labels with extra large letters for those with poor sight

    d. Never store medicines near foods and spices.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. In case clothing catches fire, lie down and roll into a rug if indoors

    b. Cloth treated to be fire resistant is available only in children's clothes

    c. If clothing catches on fire, run

    d. Medium and heavy-weight fabrics burn more slowly than light-weight fabrics.

20. Three of the following are in the written agreement. Mark the one that is NOT.

    a. Jobs the Home Helper is and is not responsible for

    b. How much the Home Helper will be paid

    c. Identifies the needs of the client

    d. Identifies amount of client's income.

21. Mark the one that is TRUE. If Home Helpers do their jobs correctly,

    a. it will not be necessary to seek outside help

    b. they will use the resources that are available

    c. they will regularly call upon the families of the older persons to help

    d. they will do the work they are trained to do and call upon other resources as necessary.

22. Mark the one that is TRUE. Home Helpers

    a. should be tactful when suggesting other clothing to their clients

    b. are trained to have better taste in clothing than their clients

    c. should insist that the client buys new clothing when needed

    d. should not worry about clothing for bedfast clients.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

23. Three of the following statements are true. Mark the one that is FALSE.

    a. Assist the client who cannot see well when using the telephone book

    b. Make a record of frequently called numbers in large print for the client who cannot read small print

    c. Make appointments yourself for only those clients who are seriously ill

    d. Assist the client who has difficulty dialing, but let the client do the talking.

24. Mark the one that is TRUE. Indicate which one/ones of the following might appear in a Home Management schedule.

    a. The client and Home Helper plan menus together weekly and water the plants weekly

    b. The client puts away clean clothes when required

    c. The Home Helper buys stamps when needed

    d. All of the above.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Dry hands before plugging in a toaster

    b. Use rubber bands to fasten loose sleeves before starting to cook

    c. Use masking tape to mend frayed electrical cords

    d. Never clean portable appliances while plugged in or hot.

26. Three of the following statements are true. Mark the one that is FALSE.

    a. Stop using chipped or cracked china and glass immediately

    b. Do not stack drinking glasses one inside another

    c. Carry only small amounts of dishes at one time

    d. Do not store glass and china near the sink.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

27. Which one of the following statements regarding the written agreement is FALSE?

    a. It helps to keep the client or client's family from taking unfair advantage of the Home Helper

    b. It helps to keep the Home Helper from taking advantage of the client or client's family

    c. It is a firm contract which cannot be changed.

    d. It tells clearly who is responsible to pay the Home Helper.

28. Three of the following statements are true. Mark the one that is FALSE.

    a. The client who is wheelchair bound who wants to talk with the Home Helper can be wheeled from room to room as the Home Helper goes about the daily chores

    b. A wheelchair bound client cannot prepare meals

    c. Although the Home Helper might be able to get the work done faster alone, the client should be encouraged to help whenever possible

    d. All but the most seriously ill clients can do some household chores.

Multiple-Choice Assessment

VIII Meeting Health Care Needs

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Prescription labels do not usually have which item of information?

   a. date of prescription

   b. daily dosage

   c. name of medicine

   d. disease for which prescribed.

2. Mark the one that is TRUE. The older person should sleep about

   a. 8 hours per night

   b. 4 hours per night

   c. 10 hours per night

   d. each individual requires differing amounts of sleep.

3. Mark the one that is TRUE. The best first aid technique for a person who is choking is

   a. nothing, they will cough up what is blocking the windpipe

   b. stand behind the person, encircle the person with your arms, grasp your own hands and squeeze

   c. have the person put his head between his legs

   d. attempt to dig the object out of the windpipe with your fingers.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Mark the one that is TRUE. One suggested technique for helping the older person to take proper dosages of medicine is to

   a. place all dosages to be taken throughout the day in separate containers

   b. assist the client in placing all dosages to be taken throughout the day in separate containers

   c. give the client a complete day's dosage at one time so as not to forget the daily requirement for medication

   d. assist the client in selecting and taking the complete day's dosage at one time so as not to forget the daily requirement medication.

5. Mark the one that is TRUE.

   The daily health record should be maintained by

   a. the client

   b. the doctor

   c. the client's family

   d. the Home Helper.

6. Mark the one that is TRUE. Normal body temperature is

   a. 89.6°F Axillary

   b. 96.8°F Oral

   c. 98.6°F Oral and 99.6°F Rectal

   d. None of the above.

7. Mark the one that is TRUE. A client who clutches his chest, complains of pains in the arm and back is probably having

   a. a heart attack

   b. a stroke

   c. trouble breathing

   d. a fainting spell.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

8. Mark the one that is TRUE. The client who has stopped breathing should be administered

   a. liquids

   b. small amounts of food

   c. the hug of life

   c. mouth-to-mouth resuscitation.

9. Three of the following would normally be entered in the daily health record. Which one would NOT?

   a. temperature

   b. blood pressure

   c. number of visitors

   d. acceptance or rejection of food.

0. Three of the following statements are true. Mark the one that is FALSE.

   a. When reading blood pressure, the upper reading is called systolic pressure and the lower reading is called diastolic pressure

   b. The average person over 60 can expect to have a systolic blood pressure of 140 to 170

   c. The instrument which measures blood pressure is called a sphygmomanometer

   d. An older person's systolic blood pressure should never be more than 20 over the normal pressure reading.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. Medicines are generally stored in the refrigerator and dispensed every 6 hours

    b. Because of the possibility of vision problems, many older people have difficulty reading the labels on their medicine bottles

    c. The Home Helper is not authorized to administer medication without special permission from medical authorities

    d. A client who takes a number of prescription drugs daily, should be very cautious about taking non-prescription drugs.

12. Mark the one that is TRUE. Of those listed below the worst break for an older person is

    a. a broken wrist

    b. a broken hip

    c. a broken arm

    d. a broken ankle.

13. Three of the following statements are true. Mark the one that is FALSE.

    a. Frequently changing position of the bedridden patient will help to prevent bedsores

    b. It is not safe to take wheelchairs with patients in them down a ramp backwards

    c. The client's home should be free from small throw rugs to prevent slipping and tripping

    d. If your client uses a walker he/she can probably get around the house without your assistance.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

14. Three of the following statements are true. Mark the one that is FALSE.

    a. General visual acuity, which is the ability to see things clearly, declines with age

    b. An older person with cataracts will have to learn to live with them because there is no known remedy

    c. Glaucoma is a dangerous eye disease which could lead to blindness

    d. An older client experiencing difficulty threading her needle may need glasses to correct a condition known as farsightedness.

15. Mark the one that is TRUE. A daily health record should be maintained

    a. if directed by a doctor

    b. on every client

    c. to help the family decide whether the client is going to die

    d. on people over 75.

16. Mark the one that is TRUE. It it appears your client has died you should contact first

    a. the ambulance service (to take the client to the hospital);

    b. the client's family

    c. the funeral home

    d. the client's doctor.

17. Mark the one that is TRUE. If your client feels faint for several minutes you should contact first

    a. the ambulance service (to take client to the hospital)

    b. the client's family

    c. the client's doctor

    d. do nothing, it will probably go away.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

18. If your client suffers what you believe to be a broken hip due to a fall, the best person/place to contact first would be

    a. the ambulance service (to take the client to the hospital)

    b. the client's family

    c. an orthopedic specialist (bone specialist)

    d. the client's doctor.

19. Three of the following statements are true. Mark the one that is FALSE.

    a. Always tell the older person who is helpless you are going to move them before doing so

    b. In lifting a patient, your back should do most of the work

    c. To turn a patient to one side, it is best to stand on the side of the bed toward which you want to turn the patient

    d. Always observe the older person carefully right after you have helped change their position.

20. Three of the following statements are true. Mark the one that is FALSE.

    a. One's general physical condition depends on a balanced diet

    b. One's general physical condition depends on age

    c. One's general physical condition depends on daily regular exercise

    d. One's general physical condition depends on adequate rest.

21. Three of the following statements are true. Mark the one that is FALSE.

    a. In assisting a person to stand up from sitting in a chair, grasp him/her under both arms

    b. Stand behind the person and assist

    c. Keep your back as straight as possible.

    d. On your signal lift her smoothly to a standing position.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

22. Mark the one that is TRUE. Average pulse rate is

    a. 60-75

    b. 80-100

    c. 100-125

    d. 125-140

23. Three of the following statements are true. Mark the one that is FALSE.

    a. An older person who has had a stroke cannot be expected to get any exercise

    b. Simple games, walks, and musical activities are pleasant ways to get some types of exercise

    c. One purpose of exercise for older people is to create relaxation

    d. Exercise helps to improve circulation.

24. Three of the following statements are true. Mark the one that is FALSE.

    a. Exercise should be done regularly

    b. Exercises are best done two times per day

    c. Exercises should be started slowly

    d. If heart and pulse increase during exercise contact the doctor.

25. Three of the following statements are true. Mark the one that is FALSE.

    a. Many exercises of benefit to the older person can be completed while seated in a chair

    b. Walking is an excellent form of exercise

    c. Your client should be encouraged to do some form of exercise, regardless of how poor her health

    d. Deep knee bends are a good form of exercise for most older people.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

26. Three of the following statements are true. Mark the one that is FALSE.

    a. Red or tender areas could become open sores if not cared for properly

    b. Gently knead red or tender areas to stimulate circulation

    c. A bedridden client should be checked daily for red or tender areas on the body

    d. A doctor should be contacted if a red or tender area does not clear up.

27. Three of the following statements are true. Mark the one that is FALSE.

    a. It is important to note if breathing is noisy, irregular or difficult as well as the rate at which the person is breathing

    b. The Home Helper should seek medical assistance when she notices rapid breathing, a flushed face, or erratic movements in the client

    c. One should notify a nurse or doctor at once if the pulse is less than 60 or more than 100 per minute

    d. When a person's nose is stopped up, you can take the temperature by placing the thermometer under the arm.

28. Three of the following statements are true. Mark the one that is FALSE.

    a. Older people have fewer chronic health conditions than younger people

    b. Eighty to eighty-five per cent of older people have a chronic health condition

    c. Most older people can function fairly well despite their chronic health conditions

    d. Older people are more likely to be hospitalized than younger people.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

29. Mark the one that is TRUE. If your client has vision problems you should

    a. Read the labels from medicine bottles to him when the prescription is delivered so he'll know what's in the bottle when he takes his medicine

    b. Make new labels in large print so the client can always know what's in the bottle

    c. Leave the medicine bottles near the bed so the client can get them during the night

    d. Keep the medicine away from the client and dispense all pills to the client yourself.

30. If your client suffers what you believe to be a heart attack, the best person/place to contact first would be

    a. the ambulance service (to take the client to the hospital)

    b. the client's family

    c. a heart specialist

    d. the client's doctor.

31. Mark the one that is TRUE. If your client suddenly complains of numbness in right arm and right leg or left arm and left leg, the client may have suffered

    a. a stroke

    b. a heart attack

    c. polio

    d. arteriosclerosis

32. Three of the following statements are true. Mark the one that is FALSE.

    a. A purpose of exercise is to get rid of muscle pain

    b. A purpose of exercise is to create relaxation

    c. A purpose of exercise is to train the lungs

    d. A purpose of exercise is to tax the heart.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

33. Three of the techniques below are proper when assisting a bedridden client to sit up. Mark the one that is NOT.

    a. Stand at a slight angle to the bed facing the client's shoulders

    b. Link both your arms under the client's arms

    c. Gently pull the client upright

    d. Have the client push with his heels or free arm against the bed.

34. Mark the one that is TRUE. If you think your client has suffered a stroke, the client should be

    a. taken to a doctor by you right away

    b. made to lie down and the medical authorities contacted

    c. given a cold drink

    d. given mouth-to-mouth resuscitation.

35. Three of the following statements are true. Mark the one that is FALSE.

    a. The daily record serves to show progress or decline of the client

    b. The daily record is a useful record for the doctor

    c. The daily record should not be shown to the client

    d. The daily record should have a place for your own observations of the client.

36. Three of the following statements are true with respect to first aid techniques with an elderly person who has suffered a fall. Which one is FALSE?

    a. Keep client warm and comfortable

    b. Do not move client if a broken bone is suspected

    c. Move client to a bed right away

    d. Stop any severe bleeding and cover wounds with sterile dressings.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

37. Mark the one that is TRUE. If your client keels over while eating you should first suspect the client has had

    a. a heart attack

    b. a stroke

    c. food stuck in the windpipe

    d. fainted.

Multiple-Choice Assessment

IX Legal and Ethical Concerns

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

1. Three of the following statements are true. Mark the one that is FALSE.

   a. Home Helpers should be concerned about local laws affecting Older Americans

   b. All of us are obligated by society to prepare ourselves for usefulness and independence in our later years

   c. Elderly persons have the right to be considered in local decisions affecting their health, housing, transportation, safety, education, and recreation

   d. The Home Helper, rather than the older person, is obligated to make all the adjustments caused by age.

2. Three of the following statements are true. Mark the one that is FALSE.

   a. One can assume that an older person sitting alone and looking out of the window is lonely and bored

   b. The Home Helper should respect the client's right to privacy

   c. When in the presence of the client, do not talk about him as if he is not there

   d. The Home Helper should try to keep relationships with the client and the client's family truthful.

3. Mark the one that is TRUE. If the client is having trouble meeting financial obligations the Home Helper should

   a. arrange a loan for the client

   b. lend the client money

   c. ask the client's neighbors to lend money to the client

   d. arrange for the client to talk to the local office on aging, the local Social Security Office, and/or local welfare organization.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

4. Which one of the following is not a right of senior citizens listed by the 1961 White House Conference on Aging?

   a. The right to live independently, as one chooses

   b. The right to freedom from usurious loans

   c. The right to live and die with dignity.

   d. The right to obtain decent housing suited to the needs of later years.

5. Three of the following statements are true. Mark the one that is FALSE.

   a. A Home Helper needs to understand the laws of his state regarding wills, death, and burial

   b. The law protects elderly persons from being "put away" against their wills

   c. A Home Helper might be required to testify in a guardianship case

   d. Abuse and neglect of the elderly is as big a problem as is child abuse and neglect.

6. Three of the following statements are true. Mark the one that is FALSE.

   a. In most states the older person does not have to be present or represented by an attorney in a guardianship case

   b. In all cases when possible, the Home Helper should encourage the client to take part in all decisions which affect the client's life

   c. When someone has been appointed to a guardianship over an older person, the older person loses all legal right

   d. Physical abuse of the elderly by their adult children is not a problem because the elderly can always get away from the situation.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

7. Mark the statement that is TRUE.

   The Home Helper may not

   a. start commitment proceedings if it is clearly evident that the client should be in a mental institution

   b. call a doctor if the client is in need of medical assistance

   c. ask the outreach worker from the local senior center to visit the client

   d. start process for a mental evaluation if it is clearly evident that the client is out of touch with reality.

8. Three of the following statements are true. Mark the one that is FALSE.

   a. Families have no legal responsibility for financial support of their older family members

   b. Power of Attorney is normally granted by the individual

   c. Legal guardianship is granted by the court

   d. A person who has Power of Attorney must act as the elderly person tells him.

9. Which one of the following is not a right of senior citizens listed by the 1961 White House Conference on Aging?

   a. The right to be useful

   b. The right to freedom from want in old age

   c. The right to own and operate a car

   d. The right to live and die in dignity.

DO NOT GUESS. READ EACH QUESTION CAREFULLY.

10. Three of the following statements are true. Mark the one that is FALSE.

    a. A Home Helper can change a doctor's order if directed to do so by the client

    b. Older people do not have the right to free medical care

    c. The employment rights of older people are protected by law, but this does not guarantee an older person who wants to work with a job

    d. Enforcement of nursing home standards is a state rather than federal responsibility.

11. Three of the following statements are true. Mark the one that is FALSE.

    a. Medicare will pay for only 100 days care in an Extended Care Facility following hospitalization.

    b. Older people who are financially eligible may receive long-term care funded by Medicaid

    c. Under no circumstances can an older person be "put away" against their will

    d. The procedures for commitment to a mental institution vary from state to state.

12. When should the Home Helper seek help (a consultation) from another professional?

    a. Only when directed by the client

    b. Only when directed by the family

    c. Only when directed by the doctor

    d. Whenever such help is needed.

True-False Assessment

II Job Opportunities and Expectations for Aging Services

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 1. Every year there are fewer and fewer elderly in our population.

T F 2. There is difficulty finding persons to help an older person who may be disabled or may need assistance in several ways.

T F 3. The tasks of a Home Helper will vary from one home setting to another because the needs of older persons differ from each other.

T F 4. The Home Helper's ability to communicate with the elderly is less important than her ability to get the job done.

T F 5. Middle-aged families that have elderly parents living with them have no need for a Home Helper.

T F 6. The Home Helper must be able to perform a wide variety of tasks to meet the special needs of the older person.

T F 7. Institutions, where the elderly live, also employ persons with skills similar to the Home Helpers.

T F 8. In some places, Home Helpers are hired by government or private social services to assist elderly persons in needs.

T F 9. It is likely that the need for people to help the elderly will decrease in the next ten years.

T F 10. Above all, a Home Helper should be a warm, sensitive person.

T F 11. Home Helpers are involved with menu planning, home management, personal and health care.

T F 12. Home Helpers are not dietians, nurses, maids, or social workers.

T F 13. Home Helpers should not be expected to give medications to the elderly in their care.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	14. The role of the Home Helper is to take charge and do everything for the older person.
T	F	15. The Home Helper should encourage the older person to do those things which he can do.
T	F	16. The Home Helper should be aware of the available resources in the community.
T	F	17. With additional training and/or formal education, an experienced Home Helper could be a director of a group of other Home Helpers providing services to the elderly.
T	F	18. There is no need for persons to serve as ombudsmen for older Americans.
T	F	19. One can receive masters and doctoral degrees in the field of aging.
T	F	20. A person with the skills and training of a competent Home Helper would be qualified to seek employment in child care and social work as a para professional.

True-False Assessment

III Understanding Aging

Circle
True or False — DO NOT GUESS AT ANSWERS

T F 1. One out of every ten persons in the United States is 65 or over.

T F 2. Most persons over 65 are men.

T F 3. By 1985, there will be more than twenty-five million persons over 65 in the United States.

T F 4. Most aging persons are in nursing homes.

T F 5. All persons in nursing homes are completely disabled.

T F 6. Some families have two or more generations over 65.

T F 7. Most men over 65 are married; most women are widowed.

T F 8. Eighty percent of those over 65 live in their own household.

T F 9. Most older people are chronically ill and dependent.

T F 10. Most persons over 65 are supported by public welfare and living in nursing homes.

T F 11. Most older persons have few friends and are uninterested in life.

T F 12. Older people do not have to lose self-esteem with their loss of work, or retirement from it.

T F 13. Most common illnesses of older adults are chronic; most common illnesses of youth are acute.

T F 14. Limited income from pensions and savings is frequently inadequate due to effects of inflation.

T F 15. Older persons take longer to get over illness than do younger persons.

T F 16. Joints that are not used tend to get stiff.

Circle

True	or	False	DO NOT GUESS AT ANSWERS
T		F	17. Eye glasses can always help an older person see better.
T		F	18. Touching an older person usually helps them to understand what you are saying.
T		F	19. Most older people have problems getting around.
T		F	20. As one gets older one begins to prefer duller colors.
T		F	21. Most sixty-year-old people have the same physical condition.
T		F	22. Most people become less intelligent as they get older.
T		F	23. Most aging people lose some sense of smell.
T		F	24. Although death is inevitable, many people avoid any thought of dying.
T		F	25. Home Helpers do not need to understand the dying process.
T		F	26. Because of a decreased sense of touch, the older person can suffer burns.
T		F	27. Sex provides little satisfaction to the elderly.
T		F	28. Social security regulations and restricted incomes encourage remarriage among the elderly.
T		F	29. Many men and women enjoy sexual relationships up until death.
T		F	30. Terminally ill persons often appreciate the small daily joys that otherwise go unnoticed.
T		F	31. Most older persons no longer enjoy companionship with the opposite sex.
T		F	32. Families may be reluctant to accept a new mate for their aged parent.
T		F	33. Kissing, touching, hugging, and caring are enjoyed at all ages of life.

Circle

True	or False	DO NOT GUESS AT ANSWERS
T	F	34. When a person is dying it is important to understand and respect their religious beliefs.
T	F	35. Senility and old age are the same.
T	F	36. Elizabeth Kubler-Ross' work with people who know they are going to die has shown that most go through four stages of adjustment.
		A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is:
T	F	37. Denial and isolation
T	F	38. Bargaining
T	F	39. Why me?
T	F	40. I'm being punished
T	F	41. Anger
T	F	42. Don't care about anything
T	F	43. Acceptance
T	F	44. Depression
T	F	45. Want to enjoy the life that is left
T	F	46. Most older people feel society owes them a comfortable retirement and freedom to enjoy themselves.
T	F	47. One half of all elderly in the U. S. are poor.
T	F	48. The U. S. Government has adequately provided for the needs of the elderly.
T	F	49. Most older people are made nervous by children's activity.
T	F	50. Depression is a common mental health problem among the elderly.
T	F	51. All people tend to become suspicious and distrustful as they grow older.
T	F	52. In recent years many older persons have returned to school.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 53. Most people's retirement income is 1/2 their income before retirement.

T F 54. Lack of sufficient money after retirement prevents many older people from making needed repairs on their homes.

T F 55. The aging process is an illness.

T F 56. Increased acceptance that all must die would help our youth-oriented society better accept the aging process.

T F 57. Sometimes it is the middle-aged children who have a more difficult time accepting the aging of their elderly parent(s) than do the elderly or the grandchildren.

T F 58. The normal problem of some loss of sight with old age has no psychological effect on the elderly.

T F 59. Different cultures and ethnic groups define cleanliness in different ways.

T F 60. Some cultures encourage a lot of friendly physical contact and others do not.

True-False Assessment

IV Human Relations Skills

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	1. You are always communicating something.
T	F	2. A person can say one thing with his words while his body is "speaking" another message.
T	F	3. One can communicate more effectively with others if he is able to really "listen" to and understand himself.
T	F	4. Feedback is a waste of time in effective communication.
T	F	5. Humor gets in the way of serious communication.
T	F	6. Communication is not possible unless the persons communicating are both trying to understand each other.
T	F	In the following list, mark as True the ones that are barriers to effective communication **and False for the others:**
T	F	7. Message is appropriate to situation
T	F	8. Excessive intensity
T	F	9. Feedback is not used
T	F	10. Too loud a message
T	F	11. The listener really wants to hear
T	F	12. Message is delivered too slow or too fast
T	F	13. Timing of message is off
T	F	14. The listener is angry
T	F	15. The listener perceives the speaker is hostile
T	F	16. The speaker cares about his message
T	F	17. The listener finishes the message in his own mind.

Circle
True or False

DO NOT GUESS AT ANSWERS

In the following list, mark as True the ones that are barriers to effective communication **and False for the others:**

T F 18. Speaker is suspicious of listener

T F 19. The listener has withdrawn

T F 20. The speaker is more concerned with his message than the listener

T F 21. The listener is very ill.

T F 22. If you know the right way, it is always possible to communicate with an older adult.

T F 23. By carefully arranging the physical setting of an interview (or conversation) a Home Helper can increase the effectiveness of communication.

T F 24. Reality Orientation is an effective way of helping older persons avoid becoming "forgetful" or out of touch with reality.

T F 25. A person can learn to "hear" with their eyes as well as their ears.

T F 26. A touch message is always clear and seldom misunderstood by the person receiving the message.

T F 27. Most older persons are reserved and do not like to touch or be touched.

T F 28. Cherishing and respect are important parts of human relations and need to be understood by Home Helpers in their relations with the elderly.

T F 29. Home Helpers need to know how to make decisions for their elderly clients.

T F 30. Solving problems and making decisions are the same thing.

T F 31. Problem-solving represents a way to organize your decisions so you can reach a goal.

T F 32. Being honest and open about one's own feelings in a conflict situation usually helps set the stage for solving the problem.

T F 33. Home Helpers need to understand that people from different cultures have different ways of doing things.

Circle True	or	False	DO NOT GUESS AT ANSWERS
T		F	34. A Home Helper who works with clients in a rural area will have the same responsibilities as one who works with people in the city.
T		F	35. Home Helpers can help their elderly clients with major decisions by helping gather all the information needed to make the decision.
T		F	36. Conflict between the Home Helper and their elderly client means the Home Helper has failed.
T		F	37. When one has a good understanding of communication skills, most conflicts can be resolved constructively.
T		F	38. A Home Helper should never let the Older American know when he is feeling angry or frustrated.
T		F	39. The key to an effective Reality Orientation program is the proper use of Reality Boards.
T		F	40. A positive attitude toward the elderly that expects the elderly to be able to participate fully in life is the basic assumption of Reality Orientation.
T		F	41. Unless care is taken, people utilizing Reality Orientation techniques begin to sound paternalistic.
T		F	42. Family members and the Home Helper need to work together to make a Reality Orientation program effective.
T		F	43. "I have a problem" is never a good way to start a conversation.

In the following list mark as True the things which Home Helpers should decide by themselves **and False the others:**

T	F	44. For the older American to begin work as a volunteer.
T	F	45. To wash the older American's hair themselves or arrange for someone else to do it.
T	F	46. What home management tasks the older American will be responsible for.

Circle
True or False

DO NOT GUESS AT ANSWERS

In the following list mark as True the things which Home Helpers should decide by themselves **and False the others:**

T F 47. To call in a family member to help solve a problem

48. To buy a new TV or have the old one repaired.

T F 49. Being blindfolded and being led around by another person helps one better understand how it feels to be blind.

T F 50. One cannot simulate hearing losses to better understand the effect of deafness on the older person.

T F 51. It is best to have several short interviews with an older person who is ill.

T F 52. Feelings of fear, vulnerability and anxiety should be ignored so they will go away quickly.

T F 53. Feedback is a way of checking whether or not I got the idea as you wanted me to get it.

T F 54. The effects of feedback are always easy to see.

T F 55. One focuses only on the verbal message in feedback.

In the following list mark as True the things that are a part of nonverbal messages **and False the others.**

T F 56. Tone of voice

T F 57. Smile

T F 58. Your posture

T F 59. Hand gestures

T F 60. Sequence of words

T F 61. Volume of voice

T F 62. Tenseness of body

T F 63. Difficulty of words used

T F 64. Touching

T F 65. Dress

Circle True	or	False	DO NOT GUESS AT ANSWERS
T		F	66. What one expects to hear has no effect on what one hears.
T		F	67. Wanting to hear increases the amount of the message we receive.
T		F	68. Listening is complex and it is impossible to improve how well we listen.
T		F	69. We need to understand some of the other person's ethnic and social background to avoid misunderstanding his messages - both verbal and non-verbal.
T		F	70. How one communicates in a classroom situation is unrelated to how one will communicate on the job.
T		F	71. Personal experiences one has had with older people will effect how one relates to one's older American client as a Home Helper.
T		F	72. Some people are born good at solving problems and others will never be able to solve problems effectively.
T		F	73. One must clarify one's goal(s) as the first step in solving a problem.
T		F	74. Decision making is a process of making commitments.

In the following list mark as True the items which apply to the role of the Home Helper as a mediator and False the others:

T	F	75. Gathers information
T	F	76. Demonstrates his trustworthiness to both parties
T	F	77. Listens to only one side
T	F	78. Makes suggestions for ways of resolving the differences
T	F	79. Never intervenes
T	F	80. Finds ways for each side to save face
T	F	81. Keeps tensions building

Circle
True or False

DO NOT GUESS AT ANSWERS

In the following list mark as True the items which apply to the role of the Home Helper as a mediator **and False the others:**

T F 82. Encourages the parties to make their own decisions.

T F 83. Only the client will experience some stress if the client becomes ill.

T F 84. Laughter can be a sign of tension.

T F 85. Some people talk more when under stress; others become very quiet.

T F 86. Times of loss-of-job, of health, of loved one, etc., are times of stress.

T F 87. One can relieve stress by the practice of swallowing your yawn.

T F 88. Making one's head hang down limply and then rotating it in a circle, is a helpful stress relieving exercise.

T F 89. Rubbing the back of one's own neck and head does not relieve stress.

T F 90. One can help relieve the tension of stress by talking about the problem.

True-False Assessment

V Meeting Personal Care Needs

Circle

True	or	False	DO NOT GUESS AT ANSWERS
T		F	1. Aging does not necessarily keep people from enjoying a full, solid life.
T		F	2. Poor transportation is one of the major factors that keeps the elderly home bound.
T		F	3. Most persons on reaching age 65 cannot function in a work situation and are relieved to be able to stay at home.
T		F	4. Older persons enjoy many activities with persons in their own age group, but do not relate well to teenagers, children and persons in the "middle" years.
T		F	5. Social Security laws keep retired persons from doing any work for pay.
T		F	6. Retired persons like to have volunteers do things for them and do not like to do volunteer work for others.

The government has recognized the value of older persons' rich life experiences. In the following list mark as True the programs developed by the government to put these resources to work in the community **and False the others:**

T		F	7. R.S.V.P.
T		F	8. Foster Grandparents
T		F	9. Grandparents Annonymous
T		F	10. Green Thumb
T		F	11. Gray Panthers
T		F	12. A.A.R.P.
T		F	13. There is a Federal law which prohibits age discrimination in hiring and promotions.
T		F	14. Senior Centers are designed to keep older persons out of sight and out of the way.
T		F	15. The average older person usually cannot find the inner strength to solve his own problems.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 16. Some communities have worked with the public transportation system to provide special fares for older persons on fixed incomes.

T F In the following list mark as True the resources a Home Helper might need to make use of in meeting the personal needs of their elderly client **and False the others:**

T F 17. Physician

T F 18. City Hall

T F 19. Public Library

T F 20. Client's Family Members

T F 21. Welfare Department

T F 22. Social Security Administration

T F 23. Telephone Company

T F 24. Other older persons

T F 25. Teenagers

T F 26. Church

T F 27. Their own sense of humor

T F 28. Bank

T F 29. Older persons like to dress in plain, drab-colored clothes that are "practical".

T F 30. A person who is bedridden needs help with most aspects of personal grooming and cleanliness.

T F 31. A person who has limited use of their right arm and hand due to a stroke will never be able to comb her own hair again.

T F 32. As persons grow older they sometimes need help cutting their toenails.

T F 33. Home Helpers will never have to help shave a client.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 34. There are areas where personal care and health care overlap and this can limit the tasks Home Helpers perform.

T F 35. The Home Helper's feelings toward assisting their client with toileting can have an affect on how they perform this task.

T F 36. Keeping the bathroom clean is a maid's job, not the job of a Home Helper.

T F 37. A decline in health often means the older person cannot manage their daily lives.

T F 38. An older person who has a Home Helper is not eligible to go to a place that serves meals to the elderly.

T F 39. The population of 65 or older must spend a lot of money on medical care, food and housing and little is left for clothing, recreation or transportation.

T F 40. An older person who must stay in bed always has a problem with bed wetting.

T F 41. An older person who always enjoyed gardening and is now in a wheelchair must give up this hobby completely.

T F 42. A Home Helper should see that every minute of the older person's day is filled with some kind of activity.

T F 43. Due to sight and hearing problems few older people can enjoy the movies.

T F 44. More and more public buildings such as museums, theaters, etc., are putting in ramps so that people in wheelchairs, or who use walkers/canes can get inside.

T F 45. There are educational opportunities available to older persons through local community or continuing education programs.

T F 46. Many older Americans' interest in politics includes active participation in letter writing, campaigning, etc.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 47. The Gray Panthers is a group of Older Americans who work together for laws and programs to assist Older Americans.

T F 48. The only social life most older people want to participate in is church-related.

T F 49. Dentures do not need brushing.

F F 50. If you must insert the older person's dentures for him, put a piece of gauze or kleenex over your fingers while handling them.

T F 51. When a person is unconscious you do not to need to worry about the care of the mouth.

T F 52. When giving a bed bath, usually you wash the patient's face first, then bathe the other parts of the body, finishing with the feet.

In the following list, mark as True the areas one should always look at for possible rashes, redness or sores when giving a bed bath **and False the others:**

T F 53. Back of thighs

T F 54. Shoulders

T F 55. Heels

T F 56. Elbows

T F 57. Lower back

T F 58. Under the breasts

T F 59. People with dry skin must be bathed daily.

T F 60. When helping a person with a tub bath it is important to realize that the warm bath water may temporarily weaken him.

T F 61. After you have helped the person into the tub or shower you can go on about your other chores in another part of the house.

T F 62. While rubbing a person's back you use stroking, kneading and squeezing motions.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 63. A person who is bedridden can still have their hair washed while in bed.

T F 64. When shaving a person you hold the skin taunt with one hand and shave in the direction the hairs grow with the other hand.

T F 65. Under the chin you shave downward.

T F 66. One should cover the bedpan with a towel while carrying it to the bathroom to empty it.

T F 67. The bathroom should be cleaned daily.

T F 68. The bedpan or urinal should be cleaned and disinfected just before it is used each time.

T F 69. There are special fasteners that can be sewed into a person's blouse, shirt or dress so they can still dress themselves after loss of use of arm/hand through stroke.

T F 70. A sense of humor can be helpful while assisting a person dress himself.

T F 71. Always help a man put on his trousers one leg at a time.

T F 72. Many employers have found that some of their best employees come from the over-65 age group.

T F 73. Some retirees have found that after a few months of retirement life they would like to go back to work.

T F 74. Being a foster grandparent or a part-time receptionist are both likely types of employment available to older people.

T F 75. Being a government employee or a classroom teacher are both likely types of employment available to an older person.

T F 76. The following are all places likely to have information about educational opportunities for older people: old age clubs; senior centers, and referral offices.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	77. In general, education for older people is useless.
T	F	78. Older people should attend only classes designed for people their age.
T	F	79. Bed linens should be changed according to how much the client uses the bed, but at least weekly.
T	F	80. As people age they become less concerned with personal cleanliness.

True-False Assessment

VI Nutrition and Food Handling for Aging Services

Circle
True or False — DO NOT GUESS AT ANSWERS

T F 1. Milk is not necessary in the older person's diet.

T F 2. All elderly people need soft, easily chewable food.

T F 3. Older people usually require less food than they did when they were younger.

T F 4. It is important to have three meals a day.

T F 5. Most packaged food is marked with a date past which the food is not fresh.

T F 6. One should always buy in large amounts.

T F 7. Less expensive cuts of meat have the same nutritional value as do the expensive cuts.

T F 8. The health and attitude of the elderly person may affect his eating habits.

T F 9. In cooking, pot and pan handles should be turned toward the back of the stove.

T F 10. The basic four food groups are meats, fats, breads, and vegetables.

T F 11. A person should never put his hands on these parts of the dishes and utensils which touch food.

T F 12. It is wise to let a warm dish cool before putting it into the refrigerator.

T F 13. You should encourage elderly persons to eat but do not force them to do so.

T F 14. Your attitude toward your own food may be a big factor in getting the elderly person to eat.

T F 15. The more food on the plate, the more the elderly person will eat.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 16. It is better to plan menus with the older person's favorite foods and slowly add nutritious new foods.

T F 17. In most cases food habits have nothing to do with the religion or culture of the elderly person.

T F 18. Day-old bread has less nutritional value than fresh bread.

T F 19. Non-fat dry milk is nutritious, inexpensive and can be used in many recipes as a substitute for fluid milk.

T F 20. One may use 1 cup of water to 1/3 cup of non-fat dry milk to make milk.

T F 21. An older person needs the same amount of milk as a 19-year-old.

T F 22. One citrus fruit should be served at each meal.

T F 23. A dark green or yellow vegetable should be included every day in a person's diet.

T F 24. Four or more servings of bread or cereals should be included in everyone's diet.

T F 25. Fats should be included in most diets to raise caloric content.

T F 26. Aging people need to eat lessor amounts of food.

T F 27. The quality of food is more important than the amount of food a person eats.

T F 28. In menu planning, be sure to include colorful foods.

T F 29. Rice, gravy, cauliflower, codfish and vanilla pudding would be a pleasing menu.

T F 30. Do not serve all fried foods.

T F 31. Steamed cabbage and brussel sprouts should not be included in the same meal.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 32. In summer, be sure to add a hot food to the meal.

T F 33. People with dentures cannot eat raw vegetables.

T F 34. Cook a large amount of food, so the leftovers can be reheated many times.

T F 35. It may be easier for the elderly to eat four or five smaller meals than three larger ones.

T F 36. A round steak can be cooked and be as tender as a more expensive cut of meat.

T F 37. Liver is inexpensive and is good for you.

T F 38. Non-fat dry milk lasts a long time on the shelf.

T F 39. Fresh vegetables always cost more than canned ones.

T F 40. Always buy the largest package to save money.

T F 41. Do not use the towel you dried your hands on to dry the dishes.

T F 42. Use cold water to wash dishes to prevent dishpan hands.

T F 43. Cover all foods before putting them in the refrigerator.

T F 44. Always wash fresh fruits and vegetables before using.

T F 45. If the date on the packaged food has expired, it is still okay to use it.

T F 46. Always wash hands after each visit to the toilet.

T F 47. Never put the spoon back in the pot after you have used it for tasting.

T F 48. Do not comb hair in kitchen while fixing a meal.

T F 49. Use baking soda to put out any grease fires in the kitchen.

T F 50. Set the table or tray in an orderly way.

Circle

True	or	False	DO NOT GUESS AT ANSWERS
T		F	51. A piece of parsley will make buttered potatoes more appealing.
T		F	52. When feeding someone who cannot feed himself, be sure to wipe the corners of their mouths during the meal.

True-False Assessment

VII Meeting Home Management Needs

Circle True or	False	DO NOT GUESS AT ANSWERS
T	F	1. A job agreement includes stated jobs for both the Home Helper and the client.
T	F	2. A Home Helper might best be described as a well-paid maid for the elderly.
T	F	3. A Home Helper has some housekeeping tasks and food handling jobs as well as personal care for the client.
T	F	4. Each person has their own style of homemaking, and this is considered in the home management agreement.
T	F	5. Any task that the client cannot do, the Home Helper should do.
T	F	6. Selection of clothing for older persons is harder because of special physical needs, limited money and problems of care.
T	F	7. Letter writing and handling of money are always things the older person does.
T	F	8. Home Management jobs include planning for daily, weekly, and occasional tasks.
T	F	9. Since elderly persons are often homebound, there is less need for safety concerns.
T	F	10. The Home Management schedule shows daily chores only.
T	F	11. Safety procedures are limited to making the environment personally and physically safe.
T	F	12. Falls cause more injuries among older people than any other kind of accident.
T	F	13. Keep all medicines in the same cabinet.
T	F	14. Store rat poison, ammonia and pain pills in the same cabinet.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 15. Glue sandpaper to medicine bottles that are to be taken internally.

T F 16. A large red X should be placed on a bottle that is for external use only.

T F 17. In case of pain, have a large supply of pills on the client's nightstand.

T F 18. In case of clothing catching on fire, lie down and roll.

T F 19. Do not run if clothing catches fire.

T F 20. Put butter on burns.

T F 21. Put burned part in ice water until the pain goes away.

T F 22. A rubber mat in the bathtub or shower will help prevent falls.

T F 23. If you do fall, try to relax, go limp, and roll.

T F 24. When carrying a large amount of dishes one should use a tray.

T F 25. Throw away cracked or chipped dishes.

T F 26. Never pick up broken dishes with bare hands.

T F 27. Unplug the toaster or any portable appliance when not in use.

T F 28. Leave iron turned on before unplugging.

T F 29. Always clean portable appliances while plugged in and still hot.

T F 30. Dry hands before plugging a toaster.

T F 31. Use rubber bands to fasten long sleeves securely before starting to cook.

T F 32. Use masking tape to mend a frayed electrical cord.

Circle True or	False	DO NOT GUESS AT ANSWERS
T	F	33. Do not wash sharp knives with other silverware.
T	F	34. Wipe up spilled foods immediately.
T	F	35. If you did not order merchandise that you received through the mail, take it as a gift.
T	F	36. Beware of get-rich-quick deals.
T	F	37. The best way to avoid injury from a fall is to cushion the fall with arms in a straight position.
T	F	38. There should be at least 2 copies of the job agreement.
T	F	39. The Home Helper is responsible for opening all mail for the client.
T	F	40. A wheel chair bound client cannot prepare meals.
T	F	41. The aged person can see an accident about to occur, but not be able to move fast enough to stop it.
T	F	42. Home Helpers should insist that the client buy new clothing when needed.
T	F	43. Paint top and bottom steps a distinctive color to avoid accidents.
T	F	44. Use a nonskid floor wax when waxing.
T	F	45. Good lighting is a key to accident prevention.
T	F	46. Elderly persons suffer from burns 3 times more often then the population as a whole.
T	F	47. Listen carefully while talking to the older person about your job agreement.
T	F	48. The job agreement does not have to be written out and signed.
T	F	49. Plan your home management activities so no time will be wasted.
T	F	50. Since some older people have trouble sensing temperature changes, the Home Helper can help the client select light or heavy clothing for an outing.

Circle True or False		DO NOT GUESS AT ANSWERS
T	F	51. Other groups or agencies can be called upon to help the client with personal business affairs.
T	F	52. The Home Helper can encourage others to write letters to a client who does not get much mail.

True-False Assessment

VIII Meeting Health Care Needs

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 1. Normal body temperature is 89.6°F.

T F 2. Average pulse rate if 100 to 125 per minute.

T F 3. It is important to note if breathing is noisy, irregular or difficult as well as the rate at which the person is breathing.

T F 4. It is necessary to average three readings of systolic/diastolic pressure indicated on the sphygmomanometer in order to take bood pressure accurately.

T F 5. The Home Helper should seek medical assistance when she notices rapid breathing, a flushed face, or erratic movements in the client.

T F 6. Medicines are generally stored in the refrigerator and dispensed every six hours.

T F 7. Crutches are generally more helpful than walkers.

T F 8. Patients with a leg in a cast needs to remove that leg first in getting out of bed.

T F 9. Health records include not only medicines, and TPR, but also the client's acceptance or rejection of food, activity or medicine.

T F 10. Bed sores are a major concern with older patients.

T F 11. It is important to teach a disabled or partially paralyzed client to turn over in bed and to sit up.

T F 12. Simple games, walks, and musical activities are pleasant ways to get some types of exercise.

T F 13. Despite precautions in the environment and in procedures, a common emergency demanding health assistance for the elderly is a fall of some type.

PRE VIII-B

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	14. If one is a diabetic, the condition has usually been diagnosed early in life.
T	F	15. As one grows older, changes in hearing can result in loud noises being acutely painful.
T	F	16. Many older people need help reading the labels on their medicine bottles.
T	F	17. The aging process often results in a type of weakened bone structure causing many older people to break or fracture bones more easily than younger persons.
T	F	18. Older people seldom have difficulty with their urinary or bowel functions.
T	F	19. As people grow older their skin becomes tougher and they do not need to worry about sunburn.
T	F	20. When a person's nose is stopped up, you can take her temperature by placing the therometer under her arm.
T	F	21. When the pulse is regular you count it for 30 seconds and multiply by 3.
T	F	22. If your client suffers what you believe to be a heart attack, you should contact the ambulance service first.
T	F	23. Heart disease, stroke and cancer are the leading causes of death among persons over 65.
T	F	24. The daily health record should be maintained by the Home Helper.
T	F	25. One should notify a nurse or doctor at once if the respirations are less than 14 or more than 28 per minute.
T	F	26. One should not shake down the therometer before replacing it in its container so you can recheck the reading if you forget what it was.
T	F	27. One of the most important good health methods a Home Helper should use is washing his hands.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 28. Always tell the older person who is helpless you are going to move them before starting.

T F 29. In lifting a patient, your back does most of the work.

T F In the following list, mark as True the ones that are a part of the process of helping a person to stand up from sitting in a chair **and False the others:**

T F 30. Grasp him under both arms

T F 31. Have him put his arm around your neck

T F 32. Keep your back as straight as possible.

T F 33. On your signal lift him quickly to a standing position

T F 34. Use your leg muscles to do most of the lifting.

T F 35. To turn a patient to one side, it is best to stand on the side of the bed toward which you want to turn the patient.

T F 36. Always observe the older person carefully right after you have helped change their position.

T F 37. Since old people complain a lot, do not pay any attention to them.

T F 38. It is not safe to take a wheelchair down a ramp backwards.

T F 39. Aphasia is the loss of speech due to a stroke.

T F 40. A person who has a stroke is no longer able to think clearly.

T F 41. The older person may need to get up during the night to use the bathroom because of the normal aging process of the kidneys and bladder.

T F 42. In men over 40, prostate gland may begin to enlarge causing problems with urination.

Circle True or False		DO NOT GUESS AT ANSWERS
T	F	43. As one grows older, one loses the ability to hear the lower frequencies first.
T	F	44. Speaking in a lower tone of voice helps the older person hear you better than speaking louder does.
T	F	45. Sometimes hearing loss makes it difficult to tell what direction a sound is coming from.
T	F	46. A person with colostomy cannot go out in public.
T	F	47. Fractures of the spine are more common in older persons than among younger persons.
T	F	48. Sometimes sitting down hard, a cough or severe sneeze can cause a minor fracture of the spine in an older person.
T	F	49. An older person who has had a hip fracture will be bedridden for the rest of their life.
T	F	50. The direct cause of bed sores is an interference with the circulation of blood in a part of the body.
T	F	51. If your client suffers what you believe to be a broken hip, the best person to contact would be an orthopedic specialist first.

True-False Assessment

IX Legal and Ethical Concerns

Circle True or False		DO NOT GUESS AT ANSWERS
T	F	1. Extended care facilities cannot provide services beyond 100 days.
T	F	2. Changes in Medicare regulations can determine whether an older person must live at home or in a nursing home.
T	F	3. States are expected by the federal government to enforce standards in nursing homes.
T	F	4. It is important to record each time a client refuses to take medicine.
T	F	5. A Home Helper can change a doctor's order if the client directs her to.
T	F	6. There are no laws protecting the employment rights of the elderly.
T	F	7. All of us are obligated by society to prepare ourselves for usefulness and independence in our later years.
T	F	8. Families have no legal responsibility for financial support of their older family members in many states.
T	F	9. Elderly persons have the right to be considered in local decisions affecting their health, housing, transportation, safety, education and recreation.
T	F	10. Respect for privacy refers mainly to shyness.
T	F	11. One can assume an older person sitting alone and looking out the window is lonely and bored.
T	F	12. The Home Helper, rather than the older person, is obligated to make all the adjustments caused by age.
T	F	13. The elderly have the right to free medical care.
T	F	14. The elderly have earned the right to have no real responsibilities in their retirement years.
T	F	15. Truth in a relationship is based on an absolute which is easy to find.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 16. People involved in a relationship usually see the truth the same way.

T F 17. The Home Helper should not gossip about their client.

T F 18. A Home Helper cannot seek help (a consultation) from another professional about their client unless the Older American tells him to.

T F 19. The Home Helper has a responsibility to be active in community efforts to provide better services for the aged.

T F 20. The Home Helper's Code of Ethics requires the Home Helper to help the elderly to depend on them.

T F 21. The Home Helper's Code of Ethics says that the Home Helper will seek to discover the individuality of each Older American, as an individual rather than a grouping or categorizing the aged.

T F 22.. When someone is appointed as the legal guardian of an elderly person, the elderly person loses all legal rights for himself.

T F 23. Power of attorney and legal guardianship are the same.

T F 24. A person who has power of attorney must act as the elderly person tells him.

T F 25. Abuse and neglect of the elderly is as big a problem as child abuse.

T F 26. Physical abuse of the elderly by their adult children is no problem because the elderly can always get away from the situation.

T F 27. Protective services cannot be used by the older persons' family to get them out of the way.

T F 28. A Home Helper needs to understand the laws of their state regarding wills, death and burial.

T F 29. The law protects the elderly person from being "put away" against their will.

Circle True or False		DO NOT GUESS AT ANSWERS
T	F	30. A Home Helper might be asked to testify in a guardianship case.

POST II-B

True-False Assessment

II Job Opportunities and Expectations for Aging Services

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 1. There is difficulty finding persons to help an older person who may be disabled or may need assistance in several ways.

T F 2. Middle-aged families that have elderly parents living with them have no need for a Home Helper.

T F 3. It is likely that the need for people to help the elderly will decrease in the next ten years.

T F 4. Home Helpers should not be expected to give medications to the elderly in their care.

T F 5. With additional training and/or formal education, an experienced Home Helper could be a director or a group of other Home Helpers providing services to the elderly.

T F 6. Every year there are fewer and fewer elderly in our population.

T F 7. The Home Helper must be able to perform a wide variety of tasks to meet the special needs of the older person.

T F 8. Above all, a Home Helper should be a warm, sensitive person.

T F 9. The role of the Home Helper is to take charge and do everything for the older person.

T F 10. There is no need for persons to serve as Ombudsmen for older Americans.

T F 11. The tasks of a Home Helper will vary from one home setting to another because the needs of older persons differ from each other.

T F 12. Institutions, where the elderly live, also employ persons with skills similar to the Home Helpers.

T F 13. Home Helpers are involved with menu planning, home management, personal and health care.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	14. The Home Helper should encourage the older person to do those things which he can do.
T	F	15. One can receive masters and doctoral degrees in the field of aging.
T	F	16. The Home Helper's ability to communicate with the elderly is less important than his ability to get the job done.
T	F	17. In some places, Home Helpers are hired by government or private social services to assist elderly persons in need.
T	F	18. Home Helpers are not dieticians, nurses, maids, or social workers.
T	F	19. A person with the skills and training of a competent Home Helper would be qualified to seek employment in child care and social work as a para professional.
T	F	20. The Home Helper should be aware of the available resources in the community.

True-False Assessment

III Understanding Aging

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	1. Some families have two or more generations over 65.
T	F	2. Most older persons have few friends and are uninterested in life.
T	F	3. Joints that are not used tend to get stiff.
T	F	4. Most sixty-year-old people have the same physical condition.
T	F	5. Because of a decreased sense of touch, the older person can suffer burns.
T	F	6. Most older persons no longer enjoy companionship with the opposite sex.
T	F	7. Elizabeth Kubler-Ross' work with people who know they are going to die has shown that most go through four stages of adjustment.
T	F	8. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is anger.
T	F	9. Most older people feel society owes them a comfortable retirement and freedom to enjoy themselves.
T	F	10. All people tend to become suspicious and distrustful as they grow older.
T	F	11. Increased acceptance that all must die would help our youth-oriented society better accept the aging process.
T	F	12. One out of every ten persons in the United States is 65 or over.
T	F	13. Most men over 65 are married; most women are widowed.
T	F	14. Older people do not have to lose self-esteem with their loss of work, or retirement from it.
T	F	15. Eye glasses can always help an older person see better.

Circle True or False		DO NOT GUESS AT ANSWERS
T	F	16. Most people become less intelligent as they get older.
T	F	17. Sex provides little satisfaction to the elderly.
T	F	18. Families may be reluctant to accept a new mate for their aged parent.
T	F	19. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is denial and isolation.
T	F	20. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is "don't care about anything".
T	F	21. One-half of all elderly in the U. S. are poor.
T	F	22. In recent years, many older persons have returned to school.
T	F	23. Sometimes it is the middle-aged children who have a more difficult time accepting the aging of their elderly parent(s) than the elderly or the grandchildren.
T	F	24. Most persons over 65 are men.
T	F	25. Eighty per cent of those over 65 live in their own household.
T	F	26. Most common illnesses of older adults are chronic; most common illnesses of youth are acute.
T	F	27. Touching an older person usually helps them to understand what you are saying.
T	F	28. Most aging people lose some sense of smell.
T	F	29. Social security regulations and restricted incomes encourage remarriage among the elderly.
T	F	30. Kissing touching, hugging, and caring are enjoyed at all ages of life.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	31. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is Bargaining.
T	F	32. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is acceptance.
T	F	33. The U. S. government has adequately provided for the needs of the elderly.
T	F	34. Most people's retirement income is 1/2 their income before retirement.
T	F	35. The normal problem of some loss of sight with old age has no psychological effect on the elderly.
T	F	36. By 1985, there will be more than twenty-five million persons over 65 in the United States.
T	F	37. Most older people are chroncically ill and dependent.
T	F	38. Limited income from pensions and savings is frequently inadequate due to effects of inflation.
T	F	39. Most older people have problems getting around.
T	F	40. Although death is inevitable, many people avoid any thought of dying.
T	F	41. Many men and women enjoy sexual relationships up until death.
T	F	42. When a person is dying, it is important to understand and respect their religious beliefs.
T	F	43. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is "why me"?
T	F	44. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is adjustment.
T	F	45. Most older people are made nervous by childrens' activity.

Circle True or False		DO NOT GUESS AT ANSWERS
T	F	46. Lack of sufficient money after retirement prevents many older people from making needed repairs on their homes.
T	F	47. Different cultures and ethnic groups define cleanliness in different ways.
T	F	48. Most aging persons are in nursing homes.
T	F	49. Most persons over 65 are supported by public welfare and living in nursing homes.
T	F	50. Older persons take longer to get over illness than do younger persons.
T	F	51. As one gets older one begins to prefer duller colors.
T	F	52. Home Helpers do not need to understand the dying process.
T	F	53. Terminally ill persons often appreciate the small daily joys that otherwise go unnoticed.
T	F	54. Senility and old age are the same.
T	F	55. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is, "I'm being punished".
T	F	56. A part of the process of adjustment by someone who is about to die, according to Kubler-Ross is, "I want to enjoy the life that is left".
T	F	57. Depression is a common mental health problem among the elderly.
T	F	58. The aging process is an illness.
T	F	59. Some cultures encourage a lot of friendly physical contact and others do not.
T	F	60. All persons in nursing homes are completely disabled.

POST IV-B

True-False Assessment

IV Human Relations Skills

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 1. Humor gets in the way of serious communication.

T F 2. Reality Orientation is an ineffective way of helping older persons avoid becoming "forgetful" or out of touch with reality.

T F 3. Home Helpers need to know how to make decisions for their elderly clients.

T F 4. A Home Helper who works with clients in a rural area will have the same responsibilities as one who works with people in the city.

T F 5. The key to an effective Reality Orientation program is the proper use of Reality Boards.

In the following list mark as True the things which Home Helpers should decide by themselves **and False the others.**

T F 6. For the older American to begin work as a volunteer

T F 7. To wash the older American's hair themselves or arrange for someone else to do it.

T F 8. What home management tasks older American will be responsible for

T F 9. To call in a family member to help solve a problem

T F 10. To buy a new TV or have the old one repaired.

T F 11. Only the client will experience some stress if the client becomes ill.

T F 12. One can relieve stress by the practice of swallowing your yawn.

T F 13. Solving problems and making decisions are the same thing.

T F 14. Home Helpers can help their elderly clients with major decisions by helping gather all the information needed to make the decision.

POST IV-B

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 15. A positive attitude toward the elderly that expects the elderly to be able to participate fully in life is the basic assumption of Reality Orientation.

T F 16. Being blindfolded and being led around by another person helps one better understand how it feels to be blind.

T F 17. The effects of feedback are always easy to see.

T F 18. Making one's head hang down limply and then rotating it in a circle, is a helpful stress relieving exercise.

T F 19. One must clarify one's goal(s) as the first step in solving a problem.

T F 20. One can communicate more effectively with others if he is able to really "listen" to and understand himself.

In the following list, mark as True the ones that are barriers to effective communication and False the others.

T F 21. Message is appropriate to situation

T F 22. Excessive intensity

T F 23. Feedback is not used

T F 24. Too loud a message

T F 25. The listener really wants to hear

T F 26. Message is delivered too slow or too fast

T F 27. Timing of message is off

T F 28. The listener is angry

T F 29. The listener perceives the speaker as hostile

T F 30. The speaker cares about his message

T F 31. The listener finishes the message in his own mind.

POST IV-B

Circle
True or False

DO NOT GUESS AT ANSWERS

In the following list mark as True the ones that are barriers to effective communication **and False the others:**

T F 32. Speaker is suspicious of listener

T F 33. The listener has withdrawn

T F 34. The speaker is more concerned with his message than the listener.

T F 35. The listener is very ill.

T F 36. A touch message is always clear and seldom misunderstood by the person receiving the message.

T F 37. Problem-solving represents a way to organize your decisions so you can reach a goal.

T F 38. Conflict between the Home Helper and their elderly client means the Home Helper has failed.

T F 39. Unless care is taken, people utilizing Reality Orientation techniques begin to sound paternalistic.

T F 40. One cannot simulate hearing losses to better understand the effect of deafness on the older person.

T F 41. Laughter can be a sign of tension.

T F 42. We need to understand some of the other person's ethnic and social background to avoid misunderstanding his messages - both verbal and nonverbal.

T F 43. Decision making is a process of making commitments.

T F 44. Feedback is a waste of time in effective communication.

T F 45. If you know the right way, it is always possible to communicate with an older adult.

T F 46. Most older persons are reserved and do not like to touch or be touched.

T F 47. Being honest and open about one's own feelings in a conflict situation usually helps set the stage for resolving the issue.

T F 48. One can help relieve the tension of stress by talking about the problem.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	49. Family members and the Home Helper need to work together to make a Reality Orientation program effective.
T	F	50. It is best to have several short interviews with an older person who is ill.
		In the following list, mark as True the things that are a part of non-verbal messages **and False the others.**
T	F	51. Tone of voice
T	F	52. Smile
T	F	53. Your posture
T	F	54. Hand gestures
T	F	55. Sequence of words
T	F	56. Volume of voice
T	F	57. Softness or tenseness of body
T	F	58. Difficulty of words used
T	F	59. Touching
T	F	60. Dress
T	F	61. Some people talk more when under stress; others become very quiet.
T	F	62. You are always communicating something.
T	F	63. By carefully arranging the physical setting of an interview (or conversation) a Home Helper can increase the effectiveness of communication.
T	F	64. Cherishing and respect are important parts of human relations and need to be understood by Home Helpers in their relations with the elderly.
T	F	65. Home Helpers need to understand that people from different cultures have different ways of doing things.
T	F	66. A Home Helper should never let the older American know when he is feeling angry or frustrated.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	67. "I have a problem" is never a good way to start a conversation.
T	F	68. Rubbing the back of one's own neck and head does not relieve stress.
T	F	69. What one expects to hear has no effect on what one hears.
T	F	70. Personal experiences one has had with older people will effect how one relates to one's older American client as a Home Helper.
		In the following list, mark as True the items which apply to the role of the Home Helper as a mediator **and False the others.**
T	F	71. Gathers information
T	F	72. Demonstrates his trustworthiness to both parties
T	F	73. Listens to only one side
T	F	74. Makes suggestions for ways of resolving the differences
T	F	75. Never intervenes
T	F	76. Finds ways for each side to save face
T	F	77. Keeps tensions building
T	F	78. Encourages the parties to make their own decisions.
T	F	79. Feedback is a way of checking whether or not I got the idea as you wanted me to get it.
T	F	80. Wanting to hear increases the amount of the message we receive.
T	F	81. Times of loss-of-job, of health, of loved one, etc., are times of stress.
T	F	82. A person can say one thing with his words while his body is "speaking" another message.
T	F	83. Communication is not possible unless the persons communicating are both trying to understand each other.

Circle True	or	False	DO NOT GUESS AT ANSWERS
T		F	84. One focuses only on the verbal message in feedback.
T		F	85. How one communicates in a classroom situation is unrelated to how one will communicate on the job.
T		F	86. Some people are born good at solving problems and others will never be able to solve problems effectively.
T		F	87. A person can learn to "hear" with their eyes as well as their ears.
T		F	88. When one has a good understanding of communication skills, most conflicts can be resolved constructively.
T		F	89. Feelings of fear, vulnerability and anxiety should be ignored so they will go away quickly.
T		F	90. Listening is complex and it is impossible to improve how well we listen.

True-False Assessment

V Meeting Personal Care Needs

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	1. Social Security laws keep retired persons from doing any work for pay.
T	F	2. The average older person usually cannot find the inner strength to solve his own problems.
T	F	3. A person who has limited use of their right arm and hand due to a stroke will never be able to comb his own hair again.
T	F	4. Keeping the bathroom clean is a maid's job, not the job of a Home Helper.
T	F	5. An older person who always enjoyed gardening and is now in a wheelchair must give up this hobby completely.
T	F	6. Many older Americans' interest in politics includes active participation in letter writing, campaigning, etc.
T	F	7. When a person is unconscious you do not need to worry about the care of their mouth.
T	F	8. After you have helped the person into the tub or shower you can go on about your other chores in another part of the house.
T	F	9. One should cover the bedpan with a towel while carrying it to the bathroom to empty it.
T	F	10. Always help a man put on his trousers one leg at a time.
T	F	11. The following are all places likely to have information about educational opportunities for older people: old age clubs; senior centers, and information and referral offices.
T	F	12. Aging does not necessarily keep people from enjoying a full social life.
T	F	13. Retired persons like to have volunteers do things for them and do not like to do volunteer work for others.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 14. Some communities have worked with the public transportation system to provide special fares for older persons on fixed incomes.

T F 15. As persons grow older they sometimes need help cutting their toenails.

T F 16. A decline in health, often means the older person cannot manage their daily lives.

T F 17. A Home Helper should see that every minute of the older person's day is filled with some kind of activity.

T F 18. The Gray Panthers is a group of older Americans who work together for laws and programs to assist Older Americans.

T F 19. When giving a bed bath, usually you wash the patient's face first, then bathe the other parts of the body, finishing with the feet.

T F 20. While rubbing a person's back you use stroking, kneading and squeezing motions.

T F 21. The bathroom should be cleaned daily.

T F 22. Many employers have found that some of their best employees come from the over-65 age group.

T F 23. In general, education for older people is useless.

T F 24. Poor transportation is one of the major factors that keeps the elderly home bound.

The government has recognized the value of older persons' rich life experiences. In the following list as True the programs developed by the government to put these resources to work in the community **and False the others.**

T F 25. R.S.V.P.

T F 26. Foster Grandparents

T F 27. Grandparents Annonymous

T F 28. Green Thumb

POST V-B

Circle
True or False

DO NOT GUESS AT ANSWERS

The government has recognized the value of older persons' rich life experiences. In the following list as True the programs developed by the government to put these resources to work in the community **and False the others.**

T F 29. Gray Panthers

T F 30. A.A.R.P.

T F 31. Older persons like to dress in plain, drab-colored clothes that are "practical".

T F 32. Home Helpers will never have to help shave a client.

T F 33. An older person who has a Home Helper is not eligible to go to a place that serves meals to the elderly.

T F 34. Due to sight and hearing problems few older people can enjoy the movies.

T F 35. The only social life most older people want to participate in is church-related.

T F 36. People with dry skin must be bathed daily.

T F 37. A person who is bedridden can still have their hair washed while in bed.

T F 38. The bedpan or urinal should be cleaned and disinfected just before it is used each time.

T F 39. Some retirees have found that after a few months of retirement life, they would like to go back to work.

T F 40. Older people should attend only classes designed for people their age.

T F 41. Most persons on reaching age 65 cannot function in a work situation and are relieved to be able to stay at home.

T F In the following list, mark as True the resources a Home Helper might need to make use of in meeting the personal needs of their elderly client **and False the others:**

T F 42. Physician

T F 43. City Hall

T F 44. Public Library

Circle
True or False

DO NOT GUESS AT ANSWERS

In the following list, mark as True the resources a Home Helper might need to make use of in meeting the personal needs of their elderly client **and False the others.**

T F 45. Client's Family Members

T F 46. Welfare Department

T F 47. Social Security Administration

T F 48. Telephone Company

T F 49. Other older persons

T F 50. Teenagers

T F 51. Church

T F 52. Their own sense of humor

T F 53. Bank

T F 54. There are areas where personal care and health care overlap and this can limit the tasks Home Helpers perform.

T F 55. The population of 65 or older must spend a lot of money on medical care, food, and housing and little is left for clothing, recreation or transportation.

T F 56. More and more public buildings such as museums, theaters, etc., are putting in ramps so that people in wheelchairs, or who use walkers/canes can get inside.

T F 57. Dentures do not need brushing.

T F 58. When helping a person with a tub bath it is important to realize that the warm bath water may temporarily weaken him.

T F 59. When shaving a person you hold the skin taunt with one hand and shave in the direction the hairs grow with the other hand.

T F 60. There are special fasteners that can be sewed into a person's blouse, shirt or dress so they can still dress themselves after loss of use of arm/hand through stroke.

Circle

True	or False	DO NOT GUESS AT ANSWERS
T	F	61. Being a Foster Grandparent or a part-time receptionist are both likely types of employment available to older people.
T	F	62. Bed linens should be changed according to how much the client uses the bed, but at least weekly.
T	F	63. Older persons enjoy many activities with persons in their own age group, but do not relate well to teenagers, children and persons in the "middle" years.
T	F	64. There is a Federal law which prohibits age discrimination in hiring, and promotions.
	F	65. A person who is bedridden needs help with most aspects of personal grooming and cleanliness.
T	F	66. The Home Helper's feelings toward assisting their client with toileting can have an effect on how they perform this task.
T	F	67. An older person who must stay in bed always has a problem with bed-wetting.
T	F	68. There are educational opportunities available to older persons through local community or continuing education programs.
T	F	69. If you must insert the older person's dentures for him, put a piece of gauze or kleenex over your fingers while handling them.
T	F	In the following list, mark as True the areas one should always look at for possible rashes, redness or sores when giving a bed bath **and** **False** **the others.**
T	F	70. Back of thighs
T	F	71. Shoulders
T	F	72. Heels
T	F	73. Elbows
T	F	74. Lower back
T	F	75. Under the breasts

Circle
True False

DO NOT GUESS AT ANSWERS

T F 76. Under the chin you shave downward.

T F 77. A sense of humor can be helpful while assisting a person dress himself.

T F 78. Being a government employee or a classroom teacher are both likely types of employment available to older people.

T F 79. As people age they become less concerned with personal cleanliness.

T F 80. Senior Centers are designed to keep older persons out of sight and out of the way.

True-False Assessment

VI Nutrition and Food Handling for Aging Services

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 1. It is important to have three meals a day.

T F 2. The health and attitude of the elderly person may affect his eating habits.

T F 3. It is wise to let a warm dish cool before putting it into the refrigerator.

T F 4. It is better to plan menus with the older person's favorite foods and slowly add nutritious new foods.

T F 5. One may use 1 cup of water to 1/3 cup of non-fat dry milk to make milk.

T F 6. Four or more servings of bread or cereals should be included in everyone's diet.

T F 7. In menu planning, be sure to include colorful foods.

T F 8. In summer, be sure to add a hot food to the meal.

T F 9. A round steak can be cooked and be as tender as a more expensive cut of meat.

T F 10. Always buy the largest package to save money.

T F 11. Always wash fresh fruits and vegetables before using.

T F 12. Do not comb hair in kitchen while fixing a meal.

T F 13. When feeding someone who cannot feed himself, be sure to wipe the corners of their mouths during the meal.

T F 14. Most packaged food is marked with a date past which the food is not fresh.

T F 15. In cooking, pot and pan handles should be turned toward the back of the stove.

T F 16. You should encourage elderly persons to eat but do not force them to do so.

Circle True	or	False	DO NOT GUESS AT ANSWERS
T		F	17. In most cases, food habits have nothing to do with the religion or culture of the elderly people.
T		F	18. An older person needs the same amount of milk as a 19-year-old.
T		F	19. Fats should be included in most diets to raise caloric content.
T		F	20. Rice, gravy, cauliflower, codfish and vanilla pudding would be a pleasing menu.
T		F	21. People with dentures cannot eat raw vegetables.
T		F	22. Liver is inexpensive and is good for you.
T		F	23. Do not use the towel you dried your hands on to dry the dishes.
T		F	24. If the date on the packaged food has expired, it is still okay to use it.
T		F	25. Use baking soda to put out any grease fires in the kitchen.
T		F	26. Milk is not necessary in the older person's diet.
T		F	27. One should always buy in large amounts.
T		F	28. The basic four food groups are meats, fats, breads, and vegetables.
T		F	29. Your attitude toward your own food may be a big factor in getting the elderly person to eat.
T		F	30. Day-old bread has less nutritional value than fresh bread.
T		F	31. One citrus fruit should be served at each meal.
T		F	32. Aging people need to eat lesser amounts of food.
T		F	33. Do not serve all fried foods.
T		F	34. Cook a large amount of food, so the leftovers can be reheated many times.

Circle True	or	False	DO NOT GUESS AT ANSWERS
T		F	35. Non-fat dry milk lasts a long time on the shelf.
T		F	36. Use cold water to wash dishes to prevent dishpan hands.
T		F	37. Always wash hands after each visit to the toilet.
T		F	38. Set the table or tray in an orderly way.
T		F	39. All elderly people need soft,
T		F	40. Less expensive cuts of meat have the same nutritional value as do the expensive cuts.
T		F	41. A person should never put his hands on those parts of the dishes and utensils which touch food.
T		F	42. The more food on the plate, the more the elderly person will eat.
T		F	43. Non-fat dry milk is nutritious, inexpensive and can be used in many recipes as a substitute for fluid milk.
T		F	44. A dark green or yellow vegetable should be included every day in a person's diet.
T		F	45. The quality of food is more important than the amount of food a person eats.
T		F	46. Steamed cabbage and brussel sprouts should not be included in the same meal.
T		F	47. It may be easier for the elderly to eat four or five smaller meals than three larger ones.
T		F	48. Fresh vegetables always cost more than canned ones.
T		F	49. Cover all foods before putting them in the refrigerator.
T		F	50. Never put the spoon back in the pot after you have used it for tasting.

Circle

True	or	False	DO NOT GUESS AT ANSWERS
T		F	51. A piece of parsley will make buttered potatoes more appealing.
T		F	52. Old people usually require less food than they did when they were younger.

True-False Assessment

VII Meeting Home Management Needs

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	1. Each person has their own style of homemaking, and this is considered in the home management agreement.
T	F	2. Home management jobs include planning for daily, weekly and occassional tasks.
T	F	3. Falls cause more injuries among older people than any other kind of accident.
T	F	4. A large red X should be placed on a bottle that is for external use only.
T	F	5. Put butter on burns.
T	F	6. When carrying a large amount of dishes, one should use a tray.
T	F	7. Leave iron turned on before unplugging.
T	F	8. Use masking tape to mend a frayed electrical cord.
T	F	9. Beware of get-rich-quick deals.
T	F	10. A wheel chair bound client cannot prepare meals.
T	F	11. Use a non-skid floor wax when waxing.
T	F	12. The job agreement does not have to be written out and signed.
T	F	13. The Home Helper can encourage others to write to a client who does not get much mail.
T	F	14. A Home Helper has some housekeeping tasks and food handling jobs as well as personal care for the client.
T	F	15. Letter writing and handling of money are always things the older person does.
T	F	16. Safety procedures are limited to making the environment personally and physically safe.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	17. Glue sandpaper to medicine bottles that are to be taken internally.
T	F	18. Do not run if clothing catches fire.
T	F	19. If you do fall, try to relax, go limp and roll.
T	F	20. Unplug the toaster or any portable appliance when not in use.
T	F	21. Use rubber bands to fasten long sleeves securely before starting to cook.
T	F	22. If you do not order merchandise that you received through the mail, take it as a gift.
T	F	23. The Home Helper is responsible for opening all mail for the client.
T	F	24. Paint top and bottom steps a distinctive color to avoid accidents.
T	F	25. Listen carefully while talking to the older person about your job agreement.
T	F	26. Other groups or agencies can be called upon to help the client with personal business affairs.
T	F	27. A Home Helper might best be described as a well-paid maid for the elderly.
T	F	28. Selection of clothing for older persons is harder because of special physical needs, limited money and problems of care.
T	F	29. The home management schedule shows daily chores only.
T	F	30. Store rat poison, ammonia and pain pills in the same cabinet.
T	F	31. In case of clothing catching on fire, lie down and roll.
T	F	32. A rubber mat in the bathtub or shower will help prevent falls.
T	F	33. Never pick up broken dishes with bare hands.

True or False DO NOT GUESS AT ANSWERS

T F 34. Dry hands before plugging in a toaster.

T F 35. Wipe up spilled foods immediately.

T F 36. There should be at least 2 copies of the job agreement.

T F 37. Home Helpers should insist that the client buy new clothing when needed.

T F 38. Elderly persons suffer from burns 3 times more often than the population as a whole.

T F 39. Since some older people have trouble sensing temperature changes, the Home Helper can help the client select light or heavy clothing for an outing.

T F 40. A job agreement includes stated jobs for both the Home Helper and the client.

T F 41. Any task that the client cannot do, the Home Helper should do.

T F 42. Since elderly persons are often homebound, there is less need for safety concerns.

T F 43. Keep all medicines in the same cabinet.

T F 44. In case of pain, have a large supply of pills on the client's nightstand.

T F 45. Put burned part in ice water until the pain goes away.

T F 46. Throw away cracked or chipped dishes.

T F 47. Always clean portable appliances while plugged in and still hot.

T F 48. Do not wash sharp knives with other silverware.

T F 49. The best way to avoid injury from a fall is to cushion the fall with arms in a straight position.

T F 50. The aged person can see an accident about to occur, but not be able to move fast enough to stop it.

T F 51. Good lighting is a key to accident prevention.

Circle True	or	Flase	DO NOT GUESS AT ANSWERS
T		T	52. Plan your home management activities so no time will be wasted.

POST VIII-B

True-False Assessment

VIII Meeting Health Care Needs

Circle
True · or False

DO NOT GUESS AT ANSWERS

T F 1. It is necessary to average three readings of systolic/diastolic pressure indicated on the sphygmomanometer in order to take blood pressure accurately.

T F 2. Patients with leg casts need to remove that leg first in getting out of bed.

T F 3. Simple games, walks, and musical activities are pleasant ways to get some type of exercise.

T F 4. Many older people need help reading the labels on their medicine bottles.

T F 5. When a person's nose is stopped up, you can take the temperature by placing the thermometer under the arm.

T F 6. The daily health record should be maintained by the Home Helper.

T F 7. Always tell the older person who is helpless you are going to move them before starting.

T F 8. Always observe the older person carefully right after you have helped change their position.

T F 9. A person who has a stroke is no longer able to think clearly.

T F 10. Speaking in a lower tone of voice helps the older person hear you better than speaking louder does.

T F 11. Sometimes sitting down hard, a cough or a severe sneeze can cause a minor fracture of the spine in an older person.

T F 12. Normal body temperature is 89.6°F.

T F 13. The Home Helper should seek medical assistance when she notices rapid breathing, a flushed face, or erratic movements in the client.

T F 14. Health records include not only medicines, and TPR, but also the client's acceptance or rejection of food, activity or medicine.

Circle
True or False

DO NOT GUESS AT ANSWERS

T F 15. Despite precautions in the environment and in procedures, a common emergency demanding health assistance for the elderly is a fall of some type.

T F 16. The aging process often results in a type of weakened bone structure causing many older people to break or fracture bones more easily than younger persons.

T F 17. When the pulse is regular you count it for 30 seconds and multiply by 3.

T F 18. One should notify a nurse or doctor at once if the respirations are less than 14 or more than 28 per minute.

T F 19. In lifting a patient, your back does most of the work.

T F 20. Since old people complain a lot, do not pay any attention to them.

T F 21. The older person may need to get up during the night to use the bathroom because of the normal aging process of the kidneys and bladder.

T F 22. Sometimes hearing loss makes it difficult to tell what direction a sound is coming from.

T F 23. An older person who has had a hip fracture will be bedridden for the rest of their life.

T F 24. Average pulse rate is 100 to 125 per minute.

T F 25. Medicines are generally stored in the refrigerator and dispensed every six hours.

T F 26. Bed sores are a major concern with older patients.

T F 27. If one is a diabetic, the condition has usually been diagnosed early in life.

T F 28. Older people seldom have difficulty with their urinary or bowel functions.

Circle

True or	False	DO NOT GUESS AT ANSWERS
T	F	29. If your client suffers a heart attack you should contact the ambulance service first.
T	F	30. One should not shake down the therometer befor replacing it in its container so you can recheck the reading if you forget what it was.
T	F	In the following list, mark as True the ones that are a part of the process of helping a person to stand up from sitting in a chair **and False the others.**
T	F	31. Grasp him under both arms
T	F	32. Have him put his arm around your neck
T	F	33. Keep your back as straight as possible
T	F	34. On your signal, lift him quickly to a standing position
T	F	35. Use your leg muscles to do most of the lifting.
T	F	36. It is not safe to take wheelchairs down a ramp backwards.
T	F	37. In men over 40, the prostate gland may begin to enlarge causing problems with urination.
T	F	38. A person with a colostomy cannot go out in the public.
T	F	39. The direct cause of bed sores is an interference with the circulation of blood in a part of the body.
T	F	40. It is important to note if breathing is noisy, irregular or difficult as well as the rate at which the person is breathing.
T	F	41. Crutches are generally more helpful than walkers.
T	F	42. It is important to teach a disabled or partially paralyzed client to turn over in bed and to sit up.

Circle True	or False		DO NOT GUESS AT ANSWERS
T	F	43.	As one grows older, changes in hearing can result in loud noises being acutely painful.
T	F	44.	As people grow older, their skin becomes tougher and they do not need to worry about sunburn.
T	F	45.	Heart disease, stroke and cancer are the leading causes of death among persons over 65.
T	F	46.	One of the most important good health methods a Home Helper should use is washing his hands.
T	F	47.	If your client suffers what you believe to be a broken hip, the best person to contact would be an orthopedic specialist first.
T	F	48.	To turn a patient to one side, it is best to stand on the side of the bed toward which you want to turn the patient.
T	F	49.	Aphasia is the loss of speech due to a stroke.
T	F	50.	As one grows older, one loses the ability to hear the lower frequencies first.
T	F	51.	Fractures of the spine are more common among older persons than among younger persons.

True-False Assessment

IX Legal and Ethical Concerns

Circle True or False

DO NOT GUESS AT ANSWERS

T F 1. A Home Helper can change a doctor's order if the client directs her to.

T F 2. Respect for privacy refers mainly to shyness.

T F 3. Truth in a relationship is based on an absolute which is easy to find.

T F 4. The Home Helper's Code of Ethics requires the Home Helper to help the elderly to depend on them.

T F 5. Abuse and neglect of the elderly is as big a problem as child abuse.

T F 6. A Home Helper might be asked to testify in a guardianship case.

T F 7. It is important to record each time a client refuses to take medicine.

T F 8. Elderly persons have the right to be considered in local decisions affecting their health, housing, transportation, safety, education and recreation.

T F 9. The elderly have earned the right to have no real responsibilities in their retirement years.

T F 10. The Home Helper has a responsibility to be active in community efforts to provide better services for the aged.

T F 11. A person who has power of attorney must act as the elderly person tells him.

T F 12. The law protects the elderly person from being "put away" against their will.

T F 13. States are expected by the federal government to enforce standards in nursing homes.

T F 14. Families have no legal responsibility for financial support of their older family members in many states.

Circle		
True or	False	DO NOT GUESS AT ANSWERS
T	F	15. The elderly have the right to free medical care.
T	F	16. A Home Helper cannot seek help (a consultation) from another professional about their client unless the Older American tells them to.
T	F	17. Power of attorney and legal guardianship are the same.
T	F	18. A Home Helper needs to understand the laws of their state regarding wills, death and burial.
T	F	19. Changes in Medicare regulations can determine whether an older person must live at home or in a nursing home.
T	F	20. All of us are obligated by society to prepare ourselves for usefulness and independence in our later years.
T	F	21. The Home Helper, rather than the older person, is obligated to make all the adjustments caused by age.
T	F	22. The Home Helper should not gossip about their client.
T	F	23. When someone is appointed as the legal guardian of an elderly person, the elderly person loses all legal rights for himself.
T	F	24. Protective services cannot be used by the older person's family to get them out of the way.
T	F	25. Extended care facilities cannot provide services beyond 100 days.
T	F	26. There are no laws protecting the employment rights of the elderly.
T	F	27. One can assume an older person sitting alone and looking out the window is lonely and bored.
T	F	28. People involved in a relationship usually see the truth the same way.

Circle True	or False	DO NOT GUESS AT ANSWERS
T	F	29. The Home Helper's Code of Ethics says that the Home Helper will seek to discover the individuality of each Older American, as an individual rather than a grouping or categorizing the aged.
T	F	30. Physical abuse of the elderly by their adult children is no problem because the elderly can always get away from the situation.

AFFECTIVE EVALUATIONS

The affective nature of the competencies evidenced by a caregiver/enabler requires cooperative assessment by the teacher and learner. Such assessments are more individualized and often more meaningful than the multiple-choice or true-false type of assessment. Therefore, in addition to the pre and post tests of each form available in this module, evaluative activities are structured for each of the training modules. Through these activities, the learner helps to identify needed learning experiences, recognizes increased awareness and attitudinal change, and makes a commitment to new behaviors.

Prior to implementing the course, the teacher needs to review each of these evaluative activities. Their nature precludes a prior assessment and bridges to further development. They serve as formative evaluations for training directed to the entire curriculum.

In order to utilize these evaluations effectively with a group, the orientation strategies of each module (as well as all of Module IV, Human Relations Skills) will assist teachers and learners to establish the necessary relationship for this type of continuing assessment.

A key function of these evaluative activities is to provide the learner with documentation of professional growth. Assessments include a series of individual conferences designed to complete this process. Upon completion of the course, the final evaluation signed jointly by the teacher and the learner will become a permanent part of the Home Helper's file.

Under the Directions for the Teacher in each module, the teacher will find both an Orientation and an Evaluation for that particular module. These should be thoroughly reviewed in planning the overall course.

I ORIENTATION TO AND EVALUATION OF THE COURSE

TABLE OF CONTENTS

For

ORIENTATION TO AND EVALUATION OF THE COURSE

Page

ORIENTATION TO THE COURSE I-2

COURSE EVALUATION I-5

APPENDIX A: LEARNER INFORMATION SHEETS

Phrase Association Questionnaire **on the Elderly** I-A1
Handout: Exploring Who I Am I-A2
Home Helper Evaluation Form I-A3

APPENDIX B: TEACHER INFORMATION SHEETS

Teacher Glossary I-B1
State Supervisors of Home Economics **Education** I-B5
National **Offices of Aging Agencies and Organizations** I-B11
The Administration on Aging: Regional and State Offices I-B13
The NCOA Operation Independence: Regional Offices I-B18
Gerontological/Aging Studies Centers I-B20
Sources **of** Gerontology Films I-B22
Background Teacher Resources I-B26
Use and Abuse of Copyrighted Works I-B28
Legal Precautions I-B29
Focus on Value Clarification I-B31
Learners with Special Needs I-B33
Individual/Small Groups of Learners I-B37
Death Education I-B39
Get Acquainted Exercise #1 . . . . . I-B41
Get Acquainted Exercise #2 . . . . . I-B42
Get Acquainted Exercise #3 . . . . . I-B43
Get Acquainted Exercise #4 . . . . . I-B44
Audio-Visual Discussion Guides:
    Swan song I-B45
    The shopping bag lady I-B47
    Quotations I-B49

ORIENTATION TO THE COURSE

Purpose:

1. To provide a good beginning for both teacher and learners and especially to provide learners a supportive environment for learning and growing.

2. To enable teacher and learners to begin to work together to achieve both the goals of the course and individual goals of teacher and learners.

3. To enable teacher to know the learners, their strengths, weaknesses, special talents or needs so that teaching strategies chosen best meet the particular learning style and needs of that particular group of learners.

4. To assess the knowledge base of the learners relative for Modules II, III and IV so that the teacher can plan the classes and choose those strategies that will help each learner achieve competency.

Setting the Stage:

Before the first class meeting, create an atmosphere of care and concern. Make the room as comfortable as possible. An informal room arrangement should be utilized, rather than a formal one. (Place chairs/tables in a circle or U rather than in rows). Decorate with plants/dried flower arrangements, a few pictures and posters relating to aging using the quotations below. Make sure all necessary supplies, materials and audio-visual aids are on hand. Locate bathrooms, water fountains, soft drink/coffee dispensers, etc.

Materials Needed:

Bulletin board/table or other special place where poems, newspaper articles, cartoon, etc., relating to aging can be posted/displayed.

Pencils, Pens

Newsprint

5x8 Index Cards

2 Posters with Quotations on Aging

Folders/Notebooks for each Learner

Handouts/Assessments for each Learner

Film: Swan song or The shopping bag lady

Procedures:

The team coordinator* or the individual teacher introduces himself and welcomes learners; assists them in getting comfortable; tells them where bathrooms are to be found; what this class schedule will be; when break(s) occur; where water (soft drink/coffee) can be found, and when smoking is allowed.

If it is a team-teaching situation, introduce other members of the teaching team.

Tell the learners briefly what the training is about, and explain to them the type of training it will be: competency-based with a strong emphasis on attitudes and affective behavior. Explain to the learners what **this means, es**pecially in relation to the assessment procedures and the **experiential** teaching tools--role playing, get-acquainted exercises, games, etc. Make it clear that at no time will anyone be forced to do something that makes her too anxious or uncomfortable, and that the general purpose of each exercise, role play, etc., will be explained before they start.

Ask the learners to complete the Phrase Association Questionnaire on **the Elderly** (Appendix 1-A1). Ask learners to hand them in with no discussion at this time. Explain that they will be given back to them and discussed in Module III.

Take care of the completion of any forms required by the educational institution/agency sponsoring training.

Utilize either Get-Acquainted Exercise 1 or 2 (Appendix 1-B**41-42)**.

Utilize Get-Acquainted Exercise 3 or 4 (Appendix 1-B**43-44)**.

Show film Swan song (or The shopping bag lady) and use the Aduio-Visual Discussion Guide (Appendix 1-B**45-47) to lead a discussion of the film. (If films** are unavailable, utilize the quotations **on the following page as the content for the discussion, and the Audio-Visual Discussion Guide: Quotations for discussion outline, appendix, p. I-B49.**

Explain again the purpose of the assessments and competency-based training, to try to alleviate learners' anxiety about being "tested". Administer the Pre-Assessment for Modules II, III and IV. If the learner group contains persons who cannot read, see the directions on Giving Assessments (p. I-**29** and the Appendix item, Learners with Special Needs (p. 1-B33) for ways to factilitate their taking the assessment.

Ask learners to bring short stories, poems, cartoons, and articles they find in newspapers or magazines on aging to share with the rest of the learners. This should be continued throughout the entire course. The teacher will indicate a special table/bulletin board where these are to be kept and where there are some the teacher has already collected.

Provide each learner with a folder/notebook in which they can keep the handouts and resources from the course to begin a personal and professional resource file.

Note: *If the curriculum is being team-taught, all the teachers on the team should participate in this process of orientation.

Explain the outline of the course and describe the objectives and activities of the next class meeting.

Quotations to be utilized in Setting the Stage or as a basis for class discussion if the film cannot be obtained.

> My grandmother told me, "There is a man 95 years old and he wants to marry me. He wants a woman to take care of him. Men have a lot to gain by marriage. I'm 85 and I need a wife too."
>
> --Abigail Heyman (1)

"You know old trees just grow stronger
Old rivers grow wider every day
But old people they just grow lonesome
Waitin' for someone to say
'Hello' in there
'Hello'"

--John Prine (2)

---

[1] Abigail Heyman, Growing up female: A personal photo journal. New York: Holt, Rinehart and Winston, 1974.

[2] John Prine. Hello in there.

COURSE EVALUATION

Purpose:

1. To enable teacher and learners to summarize and evaluate new learnings, attitudes and behavioral changes, and personal growth that occurred for each during course.

2. To enable each learner to identify their own potential for on-going growth and learning and the resources available to them to support such growth and learning.

3. To enable learners, teacher and resource persons utilized in the course to celebrate/mark the end of the course and express appreciation to all who participated.

4. To provide closure for all, recognizing responsibility for continued professional development.

Setting the Stage:

You will want to provide ample time for this final evaluation process and ending of the course. There will need to be time and space for both the whole group and individual conferences with each learner. Some of the planning for the last day's events will need to begin before the actual time arrives so invitations can be extended to all those who the class wants to share the experience with them. Decisions about disposition of any materials brought in by learners, posters made during the course, etc., will need to be made before the last day so that everyone can feel a part of the dismanteling and distribution of these props that supported the group in their learning experience.

Materials Needed:

Newsprint and marker

Home Helper Evaluation Forms

Completed individual learner folders

Film: Swan song or The shopping bag lady

Phrase Association Questionnaire and Selected quotations from those utilized throughout course

Certificate of Course Completion for each Learner

Party/Celebration supplies

Procedures:

Lead class in a planning discussion of the last day of class about two weeks in advance of the time. In the process of planning a way to mark the ending (party, "graduation", or other celebration) discuss the feelings they have about the approaching end (death) of the class. Include decisions about how materials collected by learners during course will be disposed of/distributed, when the room will be dismantled, etc. Learners may want to make up a directory with everyone's name, address and phone number for each to have at end of class.

After evaluation of Module IX is completed, show again the film: Swan song or The shopping bag lady (if the films were not available, see the section Quotations). Focus discussion on learners' feelings and attitudes about age, retirement and death in response to this film; report key ideas from the discussion held when film was first shown; note similarities and differences with feelings and attitudes expressed in prior discussion. Toward the end of the discussion, focus on their feelings about ending the course, loss of friendships, loss of support of group, etc.

Distribute Home Helper Evaluation forms and explain them to the learners. While each is completing her evaluation, check through learner folders to make sure each is complete.

Have an individual conference with each learner. Discuss the learner's evaluation of himself on the Home Helper Evaluation form and utilize it to mutually evaluate the learner's growth and strengths exhibited during the course. Also note where continued growth and learning are needed, especially in the areas of attitudes toward the aged, or the job of Home Helper as well as specific skills. Identify and place in the learner's folder community/other resources she can utilize to continue growth and learning on-the-job on her own. If appropriate, close the conference by giving each learner a letter of recommendation.

Lead the learners in a group discussion to evaluate the course. Note on newsprint those learning experiences they found especially helpful and supportive of learning as well as those they found unhelpful or non-supportive. Lead a brainstorming session on ways they would improve the course.

Close with a discussion of how they feel the course has helped them in relation to their jobs as Home Helper, how they approach their own aging, retirement and death.

Have a party-celebration/graduation!

Quotations:

If the film is unavailable, have each learner complete the Phrase Association Questionnaire again. Utilize it and orientation or other quotations that were particularly helpful in focusing on attitudes and feelings as the basis for the discussion.

Note: If course is being team-taught, all the teachers should be a part of this process beginning with film through to completion. Teachers will need to meet together apart from time with learners to facilitate the complete evaluation of each learner and to write a (composite) letter of recommendation.

PHRASE ASSOCIATION QUESTIONNAIRE ON THE ELDERLY

Complete each sentence or phrase with whatever comes to your mind first. There are NO right or wrong answers.

1. Persons over 65 are usually________________
2. One of the best things about being elderly is________________
3. One of the worst things about being elderly is________________
4. When you are over 65, it is easy to________________
5. When you are over 65, young persons should________________
6. When you are over 65, it is important to________________
7. When you are over 65, your view of death is________________
8. When you are over 65, younger persons seem________________
9. When you are elderly, it is hard to________________
10. Being old means________________
11. Old age homes are________________
12. Persons with elderly relatives who are also ill should________________
____
13. Children and the elderly________________
14. A hazard of old age is________________
15. Elderly persons live________________
16. A benefit of old age is________________
17. Elderly persons cannot________________
18. Elderly persons and their children usually________________
19. Despite common belief, older persons can________________
20. Elderly persons usually dislike________________

HANDOUT: EXPLORING WHO I AM*

This is a tool a person can use to explore the question, "Who am I?" It's a tool for you, so any part of it that does not fit or seem right for you you can disregard. By using this tool you will find at least some of the many ways you can answer the question, "Who am I?"

Sit quietly and describe yourself to yourself.

Describe yourself physically:
  height
  weight
  age
  color of hair
  color of eyes
  color of skin, etc.

Describe yourself in terms of your previous experiences:
  what was your childhood like?
  where have you lived?
  what have you done over the years?
  how do you see yourself at age 65? 75? 90?

Describe yourself in terms of the different roles you play:
  wife
  mother
  husband
  father
  grandchild
  grandparent
  friend
  member of church
  homemaker
  breadwinner
  cook
  lawyer
  businessperson, etc.

Describe yourself in terms of your likes and dislikes:
  what you like to do
  what you enjoy
  what you do not enjoy
  what you like and dislike about this country
  your fears, hopes, dreams.

*Adapted from Wilson, B., Parents and teachers, Humanities Press, 1974

HOME HELPER EVALUATION FORM

Home Helper's Name____Date______________

Current Position____Length held______

Evaluation covers time period from____________________ to ______________

Evaluation is completed by _______________Helper ______Client

PURPOSES OF THIS EVALUATION

To enable an Older American Home Helper to identify both his/her strengths and the areas that need improvement, this form is devised for use by both the Home Helper and the client, or family. Based upon this evaluation, goals for improvement and continued growth can be set. Conducted on a regular quarterly basis, these evaluations can facilitate continued self improvement and provide a record of development and progress.

The Evaluation Form is used in conjunction with the contract re-negotiation between a Home Helper and a client to facilitate a joint evaluation of the job performance. Job expectations and performance perceptions often differ between persons and need clarification; in addition, the clients' needs change the job. Based upon this joint evaluation, client and Home Helper can determine priorities for job improvement and set goals to build upon existing strengths.

INSTRUCTIONS

Listed on this form are a number of traits, abilities, and characteristics important for success as a Home Helper. The evaluators (Home Helper and client) place a check (✓) mark on each rating scale above the descriptive phrase which most nearly describes the functioning of the Home Helper.

Carefully evaluate each of the qualities separately.

Two common mistakes in rating are: (1) A tendency to rate nearly everyone as "average" on every trait instead of being more critical in judgment. The rater should use the ends of the scale as well as the middle. (2) The "Halo Effect," i.e., a tendency to rate the same individual "excellent" on every trait or "poor" on every trait based on the overall picture one has of the person being rated. However, each person has strong points and weak points and these should be indicated on the rating scale.

When this form is being used by the client and the Home Helper for a joint evaluation, each should mark a separate form in private and then come together to discuss the evaluations, clarify any misunderstandings, and then work together to set priorities and goals.

HOME HELPER EVALUATION FORM

Part I: Personality Characteristics

1. Kindness is the respect and special regard given to others.

Blunt and rude.	Sometimes blunt and rude.	Shows consideration of others.	Usually polite and considerate of others.	Unusually respectful of others.

2. Empathy is the ability to be aware of and understand another's feelings.

Frequently unaware of and insenitive to others' feelings.	Sometimes unaware of or insensitive to others' feelings.	Generally aware of and sensitive to others' feelings.	Usually aware of and sensitive to others' feelings.	Unusually aware of and able to understand others feelings.

3. Friendliness is a warm and outgoing attitude toward others.

Cold and hard to approach.	Approachable; friendly once known by others.	Warm, friendly; outgoing.	Very warm and outgoing.	Extremely warm and outgoing; excellent at establishing goodwill

4. Dependability is the ability to do required tasks well without direction.

Is unreliable	Sometimes requires prompting.	Usually takes care of necessary tasks and completes work with reasonable promptness.	Is reliable.	Requires absolute minimun of direction.

5. Stability is the ability to withstand pressure and to remain calm in crisis situations.

Goes "to pieces" under pressure; is "jumpy" and nervous.	Occasionally "blows up" under presure; is easily irritated.	Has average tolerance for crises; usually remains calm.	Tolerates most pressure; can help solve crises.	Manages crises/ pressures creatively for self and others.

6. Flexibility is the ability to adjust to meet new needs or a changing situation.

Inflexible; keeps schedule no matter what.	Resists changes; even when situation requires adjustment of schedule.	Cheerfully adjusts schedule when asked.	Recognizes new needs as situation changes and adjusts schedule.	Easily evaluates and adjusts schedule to meet changing needs/situation.

7. Communication Skills is the ability to express ideas clearly and to respond to others' attempts to communicate.

Does not speak clearly; does not listen to others.	Has difficulty expressing ideas; frequently misunderstands others' messages.	Can express ideas clearly; can understand others' messages.	Usually expresses ideas easily and clearly; understands and responds to others' messages.	Adapts expression easily to fit needs of others; facilitates expression from others through feedback and interviewing techniques.

8. Personal Appearance is the personal impression an individual makes on others. (Consider cleanliness, grooming, neatness and appropriateness of dress on the job.)

Very untidy; poor taste in clothes.	Sometimes untidy and careless about personal appearance.	Generally neat and clean; satisfactory personal appearance.	Careful about personal appearance; good taste in dress.	Unusually well groomed; very neat; excellent taste in dress.

Part II: Performance Related

9. Job Knowledge is the information concerning work responsibilities.

Poorly informed about job responsibilities.	Lacks knowledge of some job responsibilities.	Moderately informed; can answer most common questions about job responsibilities.	Understands all job responsibilities.	Understands and has complete mastery of all job responsibilities.

10. Quantity of Work is the amount of work an individual does in a work day.

Does not meet minimum requirements.	Does just enough to get by.	Amount of work is satisfactory.	Does all that is required.	Does more than is required.

HOME HELPER EVALUATION FORM

11. Quality of Work is the accuracy of work performed.

Makes frequent mistakes.	Careless; repeats mistakes.	Usually accurate; makes only average number of mistakes.	Makes few mistakes; is exact and thorough most of the time.	Seldom makes mistakes; holds high work standards.

12. Organization is the ability to arrange tasks to finish the job in the required time.

Disorganized; never gets the job done.	Some tendency to be disorganized; usually leaves a few tasks unfinished.	Gets most important tasks done first; ocassionally leaves one or two unfinished.	Organized; always finishes most important tasks.	Unusually well organized; leaves tasks unfinished only in crisis situations.

13. Neatness is the orderliness and cleanliness in which an individual keeps his work area.

Untidy or messy.	Sometimes untidy or careless.	Keeps work area fairly neat.	Very careful about neatness and cleanliness.	Unusually neat, clean and orderly.

14. Alertness is the ability to grasp instructions and to meet changing conditions.

Needs time to "catch on".	Requires special instructions and explanations.	Understand instructions.	Usually quick to understand and apply knowledge.	Alert and able to apply knowledge to new situations.

15. Creativity is talent for having new ideas, for finding new and better ways of doing things and for being imaginative.

Seldom has a new idea.	Occasionally comes up with a new idea.	Has average imagination; has reasonable number of new ideas.	Frequently suggests new ways of doing things; is very imaginative.	Continually seeks new and better ways of doing things; is extremely imaginative.

HOME HELPER EVALUATION FORM

16. Attendance is coming to work daily and conforming to work hours.

______	______	______	______	______
Often absent without good excuse and/or frequently reports for work late.	Poor attendance and/or reporting for work on time.	Usually present and on time.	Very prompt; regular in attendance.	Always regular and prompt; volunteers for overtime when needed.

17. Physical Fitness is the ability to work consistently and with only moderate fatigue. (Consider physical alertness and energy.)

______	______	______	______	______
Tires easily; is weak and frail.	Frequently tires and is slow.	Meets physical and energy requirements of job.	Energetic; seldom tires.	Excellent health; no fatigue.

ADDITIONAL COMMENTS:

____

____

____

____

____

____

____
Home Helper's signature

____
Client's signature

GOALS FOR SELF IMPROVEMENT:

I. Personality Characteristics:

____

____

____

____

____

____

____

II. Job Performance:

____

____

____

____

____

____

OTHER:

TEACHER GLOSSARY

1. Assignments. Assignments can include reading, interviewing older persons, observing, conferring with employers, locating community resources, and planning with a client. Careful preparation must include making the reading materials available, planning interviews and observations, and sharing evaluations with the learners.

2. Audiovisuals. Audiovisuals can add variety, intensify learning, and increase memory. They serve as reinforcement for other techniques, not as a substitute for them. Exhibits can include pictures, photographs, newspaper clippings, cartoons, and results of learner projects. Learners can bring special enrichment to exhibits through their contributions.

   Filmstrips and movies need to be preceded by preparation of the group, and need to be followed by group discussion or other appropriate activities. Some television programming is very appropriate to the content of individual training modules.

3. Brainstorming. This technique helps to start a discussion, to generate fresh ideas when problem solving, and to encourage maximum participation on the part of everyone in a group. Learners are to focus their attention on the subject/problem and then reflect any ideas that come to their minds--no matter how farfetched or silly it may seem to them. One person writes these down on newsprint or chalkboard while the others generate ideas. Ideas are presented without any comment by the presenter or anyone else in the group. There must just be a flow of ideas being presented. The lack of comment is essential to encourage participants to lose their reserve or fear of being put down or sense of competition for "best" idea. Thus, ideas flow easily. The pool of ideas representing divergent experiences serves as a resource for future problem solution.

4. Buzz Sessions. Small group informal discussion of a topic or problem are a common way to involve all learners. The teacher establishes groups of three to five learners, and then is available to diverse groups for clarification. The small groups are essentially guided by the learners.

5. Discussion. Used by itself, the discussion method implies the guiding of a large group discussion by the teacher or a consultant. It is commonly used to determine background knowledge and attitudes on a topic before beginning it, to evaluate learner progress, to clarify readings, to share knowledge and attitudes, to review materials, and to facilitate a group decision.

   A good discussion leader must know the content thoroughly to be comfortable with a free-flowing discussion. The teacher also needs to be aware of group dynamics and be able to handle human relations problems as they arise. The learners must have confidence in the teacher in order to question freely and express a divergent point of view. Good discussions take time and careful summarization.

6. Field Experience. Field experience may be volunteer or paid experience working in a practice situation. The learner can apply knowledge and skills, and assesses progress toward competencies. The learner also has opportunity to practice basic skills, and to build understanding and empathy. The success of a field experience often pivots on the ability of the teacher to guide the field experience. Field work requires regular conferences to discuss problems, progress, and alternatives.

7. Group Projects. The teacher can divide the learners, or allow them to self-select, into groups of three to ten. The small group then completes a specific project which is shared with the larger group. Projects often involve more extended periods of time. They provide for a thorough development of the subject, and therefore, exposure to greater depth by the total group. Projects also involve all learners and support the development of leadership.

   Group projects take a considerable commitment of time, for planning, developing, completing, and reporting. Resources must be available in order to facilitate the projects.

8. Learner Resource File. Most learners will want to build their own resource file. In order to be helpful in the future, handouts need to be discussed and clarified and learners need to be encouraged to underline or make notes on significant insights. Inexpensive publications are an important resource to the learners and can be arranged for in lieu of textbooks. The learner resource file should also include self-check lists, and records of evaluations completed between the teacher and the learner.

7

9. Lecture. The lecture is a brief presentation by the teacher in a manner that encourages occasional comments or questions from the learners. The teacher can thus present key knowledge in an organized way, model those attitudes desirable for the learner, encourage and inspire the learner and the group, and summarize the key insights from small group discussions, role plays, projects, or field experiences. If the teacher speaks with sincere conviction, empathy, and good humor, the lecture can be a powerful method.

   The difficulty with the lecture method may lie in the need for expert speakers, who not only know the content, but can keep the learner group involved. Seating, physical comforts, pacing, and room arrangement can facilitate concentrated listening for a length of time.

10. Profiles. Sample profiles of older persons are available in Module III Appendices. These are another way of relating tasks to be learned to potential individual job situations. They should serve as a model for teacher and learner to develop additional profiles relevant to that particular community so learners will be prepared to meet local contingencies. Community resource persons can contribute information useful to the development of additional profiles.

11. Problem Situations. Many of the strategies are directed to problem situations. A variety of methods can be used. However, problem situations often project the learner into a job problem, a relationship with an older person, and a situation that requires decision and action. As learners work out each problem situation in training, they will be following the steps needed on the job. The teacher should reinforce the steps in analyzing a problem, and refine them with the group.

12. Questions. Asking questions is an art. They can stimulate discussion, arouse curiosity, lead to the analysis of a problem, clarify misunderstandings. Answers from learners need to be accepted as content, valid feelings, or noble efforts. Questions from learners need to be answered immediately or postponed to a definite time, later in the session, or in another one. Sometimes questions from the learners are turned back as group questions. Periodically summarizations must be made.

13. Role Play. Role play is a dramatization of a situation by several learners, without rehearsal or script, followed by discussion. Typically the learners assume "emotional" roles, and the outcome of the role play depends upon the behavior spontaneously arising from the emotions. Each of the learners must react to the behaviors of others from the specific role assumed. In most role plays, real feelings develop.

Role plays are a vital technique in improving skills in human relations. They can help learners become aware of the reasons behind behavior and of the effects of their behavior on others. In the affective area crucial to the competencies of the Home Helper, role plays can be most insightful. The teacher must sense the group feelings and be sure that friendliness within the group will overcome any reluctance to participate. No learner should ever be forced.

Role plays are a relatively sophisticated teaching technique. Teachers should have observed or participated under an experienced person prior to implementing these strategies. There is always the possibility that emotions will be so vividly portrayed as to disturb the actors or the learners. The teacher should know professional resources within the community for referral if profound disturbance seems indicated.

14. Summarizations. Summarizations draw the group back to the subject at hand when the group is getting off on a tangent. It also helps to determine whether the topic has been sufficiently explored to clarify it for all. Summarization is useful to re-emphasize important points that have been covered either at the end of a session, or in preparation for new material.

STATE SUPERVISORS OF HOME ECONOMICS EDUCATION

ALABAMA

Ruth Stovall, Chief, Program Services
State Department of Education
Montgomery, Alabama 36104

ALASKA

Mrs. Mary R. Hawkins, State Supervisor
Home Economics Education
Division of Education Program Support
State Department of Education
Pouch F
Juneau, Alaska 99801

ARIZONA

Mrs. Barbara A. Border, Specialist
Home Economics Education and HERO
Division of Vocational Education
1535 W. Jefferson
Phoenix, Arizona 85007

ARKANSAS

Frances Rudd, Supervisor
Home Economics Education
State Department of Education
State Education Bldg.
Little Rock, Arkansas 72201

CALIFORNIA

Ms. Catherine Welsh, Chief
Bureau of Homemaking Education
State Department of Education
721 Capitol Mall
Sacramento, California 95814

COLORADO

Mrs. Leonese Hudspeth, Supervisor
Home Economics Education
State Board of Comm. Colleges &
Occupational Education
207 State Services Building
Denver, Colorado 80203

CONNECTICUT

Mrs. Grace F. Harrison, Consultant
Home Economics Education
Room 344, State Office Bldg.
Box 2219
Hartford, Connecticut 06115

DELAWARE

Mrs. Minnie M. Wynder, State Supv.
Home Ec. & Related Occupations
State Dept. of Public Instruction
John G. Townsend Bldg.
Dover, Delaware 19901

DISTRICT OF COLUMBIA

Mrs. Erna R. Chapman, Supervisor
Home Economics Education
Bruce Administration Annex
770 Kenyon Street, N.W.
Washington, D.C. 20010

FLORIDA

Allie E. Ferguson, Administrator
Home Economics Education
Dept. of Education
Knott Bldg.
Tallahassee, Florida 32304

GEORGIA

Frances King, State Supervisor
Home Economics Education
Local School Programs
State Dept. of Education
320 State Office Bldg.
Atlanta, Georgia 30334

HAWAII

Mrs. Barbara D. Nadagawa, Prog. Spec. II
Home Economics Education
State Dept. of Public Instruction
1270 Queen Emma St.
Honolulu, Hawaii 96813

IDAHO

Mrs. C. Janet Latham, State Supervisor
Home Economics Education
State Board for Voc. Education
506 N. Fifth St.
Boise, Idaho 83720

ILLINOIS

Catherine A. Carter, Consultant
Consumer & Homemaking Education
Board of Voc. Educa. Rehab. Div. of
Voc. & Tech. Educa.
1035 Outer Park Drive
Springfield, Illinois 62706

Mrs. Vista Morgan, Head Consultant
Personal & Public Service Occupa.
Board of Voc. Ed. Rehab.
Div. of Voc. & Tech. Education
1035 Outer Park Drive
Springfield, Illinois 62706

INDIANA

Joyce L. Konzelman, Chief Consultant
Consumer & Homemaking Educ. &
Occupa. Home Economics
120 W. Market St.
16th floor
Indpls., Indiana 46204

IOWA

Dianne Ronning Holbrook, Consultant
Grimes State Office Bldg.
Des Moines, Iowa 50319

KANSAS

Mrs. Carol Rhea, State Supervisor
Home Economics Education
Div. of Voc. Education
120 East 10th
Topeka, Kansas 66612

KENTUCKY

Jewell Deene Ellis, Acting Director
Home Economics Education
State Dept. of Education
State Office Bldg.
Frankfort, Kentucky 40601

LOUISIANA

Mrs. Odessa N. Smith, Director
Home Economics Education
State Department of Education
P.O. Box 44064
Baton Rouge, Louisiana 70804

MAINE

Mrs. Janis Cross, Consultant
Consumer and Homemaking Education
State Department of Education
Education Bldg.
Augusta, Maine 04330

MARYLAND

Mrs. Mary Stutlz, Supervisor
Home Economics Education
State Department of Education
P.O. Box 8717
Baltimore-Washington Airport
Baltimore, Maryland 21240

MASSACHUSETTS

Kathleen Gilligan, Supervisor
Home Economics Education
Massachusetts Dept. of Education
182 Tremont St.
Boston, Mass., 02111

MICHIGAN

Barbara Gaylor, Supervisor
Consumer & Homemaking Education
Voc. Tech. Educ. Service
Michigan Dept. of Education
P.O. Box 928
Lansing, Michigan 48904

Mrs. Eleanor McCrimmon, Specialist
Occupational Home Economics
Voc-Tech. Educ. Service
Michigan Dept. of Education
P.O. Box 928
Lansing, Michigan 48904

MINNESOTA

Audrey M. Grote, State Supervisor
Home Economics Education
State Department of Education
5th Floor, Capitol Square
550 Cedar St.
St. Paul, Minnesota 55101

Janice K. Templin, Asst. State Supv.
Home Economics Education
State Dept. of Education
5th Floor, Capitol Square
550 Cedar St.
St. Paul, Minnesota 55101

MISSISSIPPI

Mrs. Ida Ballard, State Supervisor
Home Economics Education
State Dept. of Education
P.O. Box 771
Jackson, Mississippi 39205

MISSOURI

Mrs. Marie D. Huff, Director
Home Economics Education
State Dept. of Education
Jefferson Bldg.
Jefferson City, Missouri 65101

MONTANA

Flora Martin, State Supervisor
Home Economics Education
Office of the Super. of Public
  Instruction
Helena, Montana 59601

NEVADA

Mrs. Amy D. Heintz, Ed. Consultant
Home Economics Education
State Dept. of Education
Carson City, Nevada 89701

NEBRASKA

Mrs. Marge Harouff, Administrative Dir.
Home Economics Education
Div. of Voc. Education
233 South 10th St.
Lincoln, Nebraska 68508

NEW HAMPSHIRE

Mrs. Marceline Boomer, Consultant
Home Economics Education
State Dept. of Education
105 Loudon Road
Concord, New Hamphsire 03301

NEW JERSEY

Rosemary Harzmann, Director
Home Economics & Consumer Educ.
State Dept. of Education
225 West State Street
Trenton, New Jersey, 08625

NEW MEXICO

Mrs. Rosemarie Romarro, State Supv.
Home Economics Education
State Dept. of Education
State Educational Bldg.
Sante Fe, New Mexico 87501

NEW YORK

Elizabeth Brown, Chief
Bureau of Home Economics Educ.
State Education Department
Albany, New York 12224

NORTH CAROLINA

Marjory Cooper, Chief Consultant
Home Economics Education
State Dept. of Public Instruction
Raleigh, North Carolina 27602

NORTH DAKOTA

Marjore Lovering, Supervisor
Home Economics Education
State Office Bldg.
900 E. Blvd.
Bismark, North Dakota 58501

OHIO

Mrs. Sonia Price, Asst. Director
Vocational Education
Home Economics Section
Room 912, State Office Bldg.
65 S. Front St.
Columbus, Ohio 43215

OKLAHOMA

Nedra Johnson, State Supervisor
Home Economics Education
State Dept. of Voc.-Tech. Education
4100 Lincoln Blvd.
Oklahoma City, Oklahoma 73105

OREGON

Mrs. Marian Kienzle, Specialist
Consumer Educ. & Personal Finance
Oregon Board of Education
9742 Lancaster Drive, N.E.
Salem, Oregon 97310

PENNSYLVANIA

Carolyn M. Kratz, Senior Prog. Spec.
Home Economics Education
Dept. of Education
Box 911
Harrisburg, Pa., 17126

PUERTO RICO

Saquia Azzie, Director
Home Economics Educ.
Dept. of Education
P.O. Box 759
Hato Rey, Puerto Rico

RHODE ISLAND

Mrs. Gloria Swan, Consultant
Home Economics Education
College of Home Economics
University of Rhode Island
Kingston, RI 02881

SOUTH CAROLINA

Mrs. Joan Thompson, State Supervisor
Home Economics Education
State Dept. of Education
Room 900, Rutledge Bldg.
Columbia, SC 29201

SOUTH DAKOTA

Imogene Van Overschelde, State Supervisor
Home Economics Education
Div. of Voc.-Tech. Educ.
222 Sest Pleasant Drive
Pierre, SD 57501

TENNESSEE

Mrs. Margaret Crockett, Specialist
Home Economics Education
State Dept. of Education
205 Cordell Hill Bldg.
Nashville, TN 37219

TEXAS

Mrs. Elizabeth F. Smith, Director
Home Economics Education
Texas Education Agency
201 East Eleventh Street
Austin, Texas 78701

Mrs. Marie B. Healey, Consultant
Home Economics Education
Texas Education Agency
P.O. Box 758
Denton, Texas 76202

UTAH

Mrs. Karen Stone, Specialist
Consumer and Home Economics Educ.
Secondary Program
Utah State Board for Voc. Educ.
1300 University Club Bldg.
136 East South Temple
Salt Lake City, Utah 84111

VERMONT

Mrs. Elizabeth P. Carr, Senior St. Supv.
Home Economics
State Department of Educ.
State Office Bldg.
Montielier, Vermont 05602

VIRGINIA

Mrs. Nancye B. Devier, State Supv.
Home Economics Education
State Dept. of Education
Richmond, Virginia 23216

VIRGIN ISLANDS

Mrs. Dixie G. Gillies, Supervisor
Home Economics Education
Dept. of Education
P.O. Box 630
St. Thomas, VI 00801

WASHINGTON

Marianne Andres, Director
Home and Family Life Education
State Coordinating Council for
Occupational Education
216 Old Capitol Bldg.
Olympia, Washington 98504

Margie V. Lowrance, State Supervisor
Home and Family Life Education
State Coordinating Council for
Occupational Education
216 Old Capitol Bldg.
Olympia, Washington 98504

WEST VIRGINIA

Nancy Matthews Stump, State Supervisor
Home Economics Education
State Board of Education
Vocational Division
State Capitol Building
Charleston, West Virginia 25305

WISCONSIN

Christine Nickel, Voc. Ed. Consultant
Home Economics Education
Wisconsin Board of Voc. Tech. &
Adult Education
4802 Sheboygon Avenue
Madison, Wisconsin 53702

Helen Scheve, Voc. Ed. Consultant
Home Economics Education
Wisconsin Board of Voc. Tech. and
Adult Education
4802 Sheboygon Avenue
Madison, WI 53702

WYOMING

Mrs. Ellen Mellott, Consultant
Home Economics Education
State Dept. of Education
State Office Bldg.
West Cheyenne, Wyoming 82002

NATIONAL OFFICES OF AGING AGENCIES AND ORGANIZATIONS

Administration on Aging
Department of Health,
Education and Welfare
Office of Human Development
330 "C" Street, S.W.
Washington, D. C. 20201

American Association of Retired Persons
1909 "K" Street, N.W.
Washington, D.C. 20036

National Council of Senior Citizens
1511 "K" Street, N.W.
Washington, D.C. 20036

National Council on the Aging
1828 "L" Street, N.W.
Washington, D.C. 20036

THE ADMINISTRATION ON AGING

Regional Offices

*REGION I (Conn., Maine, Mass., N.H., R.I., Vt.)
J. F. Kennedy Federal Bldg.
Government Center, Rm. 2007
Boston, Mass. 02203

*REGION II (N.J., N.Y., Puerto Rico, Virgin Islands)
26 Federal Plaza, Rm. 4106
Broadway and North St.
New York, N.Y. 10007

*REGION III (Del., D.C., Md., Pa., Va., W. Va.)
P.O. Box 13716
36th and Market Sts., 5th Fl.
Philadelphia, Pa. 19101

*REGION IV (Ala., Fla., Ga., Ky., Miss., N.C., S.C., Tenn.)
50th Seventh St. N.E., Rm. 326
Atlanta, Ga. 30323

*REGION V (Ill., Ind., Mich., Minn., Ohio. Wis.)
29th Floor
300 St. Wacker Drive
Chicago, Illinois 60606

*REGION VI (Ark., La., Mex., Okla., Tex.)
Fidelity Union Tower Bldg., Rm. 500
1507 Pacific Avenue
Dallas, Texas 75201

*REGION VII (Iowa., Kans., Mo., Nebr.)
12 Grand Bldg., 5th Floor
12th and Grand
Kansas City, Mo. 64106

*REGION VIII (Colo., Mont., N. Dak., S. Dak., Utah, Wyo.)
19th and Stout Sts., Rm. 7027
Federal Office Bldg.
Denver, Colo. 80202

*REGION IX (Ariz., Calif., Hawaii, Nev., Samoa, Guan, T.T.)
50 Fulton St., Rm. 204
406 Federal Office Bldg.
San Francisco, California 94102

*REGION X (Alaska, Idaho, Oreg., Wash.)
Dexter Horton Bldg., Rm. 1490
710 2nd Avenue
Seattle, Washington 98104

State Offices

ALABAMA
Commission on Aging
740 Madison Avenue
Montgomery, Alabama 36104

ALASKA
Office on Aging
Department of Health and Social Services
Pouch H
Juneau, Alaska 99801

AMERICAN SAMOA
Government of American Samoa
Office of the Governor
Pago Pago, Samoa 96920

ARIZONA
Bureau on Aging
Department of Economic Security
Suite 800, South Tower
2721 North Central
Phoenix, Arizona 85004

ARKANSAS
Office on Aging
P.O. Box 2179
Hendrix Hall
4313 West Markham
Little Rock, Arkansas 72203

CALIFORNIA
Office on Aging
Health and Welfare Agency
455 Capitol Mall, Suite 500
Sacramento, California 95814

COLORADO
Division of Services for
the Aging
Department of Social Services
1575 Sherman St.
Denver, Colorado 80203

CONNECTICUT
Department of Aging
90 Washington St., Rm. 312
Hartford, Connecticut 06115

DELAWARE
Division of Aging
Department of Health and
Social Services
2407 Lancaster Avenue
Wilmington, Delaware 19805

DISTRICT OF COLUMBIA
Office of Services to the Aged
Department of Human Resources
1329 E. Street, N.W. (Munsey Bldg.)
Washington, D.C. 20004

FLORIDA
Division on Aging
Department of Health and
Rehabilitation Services
1317 Winewood Blvd., Bldg. 3
Tallahassee, Florida 32301

GEORGIA
Office of Aging
Department of Human Resources
618 Ponce de Leon Avenue
Atlanta, Georgia 30308

GUAM
Office of Aging
Social Services Administration
Government of Guam
P.O. Box 2816
Agana, Guam 96910

HAWAII
Commission on Aging
1149 Bethel St., Rm. 311
Honolulu, Hawaii 96813

IDAHO
Office on Aging
Department of Special Services
Capitol Annex No. 7
509 N. 5th Street, Room 100
Boise, Idaho 83720

ILLINOIS
Department on Aging
2401 W. Jefferson Street
Springfield, Illinois 62706

INDIANA
Commission on the Aging
and the Aged
Graphic Arts Bldg.
215 North Senate Avenue
Indianapolis, Indiana 46202

IOWA
Commission on the Aging
415 West 10th (Jewett Bldg.)
Des Moines, Iowa 50319

KANSAS
Services for the Aging Sect.
Division of Social Services
Social and Rehabilitation
Services Department
State Office Bldg.
Topeka, Kansas 66612

KENTUCKY
Aging Program Unit
Department for Human Resources
403 Wapping St.
Frankfort, Kentucky 40601

LOUISIANA
Bureau of Aging Service
Division of Human Resources
Health and Social Rehabilitation
Service Administration
P.O. Box 44282, Capital Sta.
Baton Rouge, Louisiana 70804

MAINE
Bureau of Maine's Elderly
Department of Health and Welfare
State House
Augusta, Maine 04330

MARYLAND
Commission on Aging
State Office Bldg.
1123 North Eutaw Street
Baltimore, Maryland 21201

MASSACHUSETTS
Executive Office of Elder Affairs
State Office Building
18 Tremont Street
Boston, Massachusetts 02109

MICHIGAN
Office of Services to the Aging
1026 East Michigan
Lansing, Michigan 48912

MINNESOTA
Governor's Citizens Council on Aging
Suite 204, Metro Square Bldg.
7th and Robert Streets
St. Paul, Minnesota 55101

MISSISSIPPI
Council on Aging
P.O. Box 5136, Fondren Sta.
2906 N. State Street
Jackson, Mississippi 39216

MISSOURI
Office of Aging
Division of Special Services,
Department of Social Services
The Broadway State Office Bldg.
Jefferson City, Missouri 65101

MONTANA
Aging Services Bureau
Department of Social and Rehabilitative Services
P.O. Box 1723
Helena, Montana 59601

NEBRASKA
Commission on Aging
State House Station 94784
300 S. 17th St.
Lincoln, Nebraska 68509

NEVADA
Division of Aging
Department of Human Resources
Room 300, Nye Bldg.
201 S. Fall St.
Carson City, Nevada 89701

NEW HAMPSHIRE
Council on Aging
P.O. Box 786
14 Depot St.
Concord, New Hampshire 03301

NEW JERSEY
Office on Aging
Department of Community Affairs
P.O. Box 2768
363 West State St.
Trenton, New Jersey 08625

NEW MEXICO
State Commission on Aging
Villagra Bldg.
408 Galisteo Street
Santa Fe, New Mexico 87501

NEW YORK
Office for the Aging
N.Y. State Executive Department
855 Central Avenue
Albany, New York 12206

NEW YORK CITY
Office for the Aging
Room 5036
2 World Trade Center
New York, New York 10047

NORTH CAROLINA
Governor's Coordinating
Council on Aging
Administration Bldg.
213 Hillsborough St.
Raleigh, North Carolina 27603

NORTH DAKOTA
Aging Services
Social Services Board
State Capitol Bldg.
Bismarck, North Dakota 58501

OHIO
Commission on Aging
34 North High St., 3rd Floor
Columbus, Ohio 43215

OKLAHOMA
Special Unit of Aging
Department of Institutions, Social
and Rehabilitation Services
Box 25352, Capitol Station
Sequoyah Memorial Bldg.
Oklahoma City, Oklahoma 73125

OREGON
Program on Aging
Human Resources Department
315 Public Service Bldg.
Salem, Oregon 97310

PENNSYLVANIA
Office for the Aging
Department of Public Welfare
Capital Associates Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

PUERTO RICO
Gericulture Commission
Department of Social Services
Apartado 11697
Santurce, Puerto Rico 00910

RHODE ISLAND
Division on Aging
Department of Community Affairs
150 Washington Street
Providence, Rhode Island 02903

SOUTH CAROLINA
Commission on Aging
915 Main Street
Columbia, South Carolina 29201

SOUTH DAKOTA
Program on Aging
Department of Social Services
St. Charles Hotel
Pierre, South Dakota 57501

TENNESSEE
Commission on Aging
S & P Building, Room 102
306 Gay Street
Nashville, Tennessee 37201

TEXAS
Governor's Commission on Aging
Southwest Tower, 8th Floor
211 East 7th Street
Austin, Texas 78711

TRUST TERRITORY OF THE PACIFIC
Office of Aging
Community Development Division
Government of the Trust Territory
of the Pacific Islands
Saipan, Mariana Islands 96950

UTAH
Division of Aging
Department of Social Services
345 South 6th East
Salt Lake City, Utah 84102

VERMONT
Office on Aging
Department of Human Services
56 State Street
Montpelier, Vermont 05602

VIRGINIA
Office on Aging
Division of State Planning
and Community Affairs
9 North 12th Street
Richmond, Virginia 23219

VIRGIN ISLANDS
Commission on Aging
P.O. Box 539, Charlotte Amalie
St. Thomas, Virgin Islands 00801

WASHINGTON
Office on Aging
Department of Social and Health
Services
P.O. Box 1788 -- M.S. 45-2
410 W. Fifth
Olympia, Washington 98504

WEST VIRGINIA
Commission on Aging
State Capitol -- Rm. 420-26
1800 Washington St., East
Charleston, West Virginia 25305

WISCONSIN
Division on Aging
Department of Health and
Social Services
State Office Bldg., Rm. 686
1 West Wilson Street
Madison, Wisconsin 53702

WYOMING
Aging Services
Department of Health and Social
Services
Division of Public Assistance and
Social Services
State Office Building
Cheyenne, Wyoming 82002

THE NATIONAL COUNCIL ON THE AGING
OPERATION INDEPENDENCE

Regional Offices

*REGIONS I, II (Conn., Maine, N.H., Mass., R.I., Vt., N.J., N.Y., Del., D.C., Md.)
1828 L Street, N.W.
Suite 504
Washington, D.C. 20036

*REGIONS IV, VI (Ala., Fla., Ga., Ky., Miss., N.C., S.C., Tenn., Ark., La., N.M., Okla., Tex., Va.)
320 Rhodes Haverty Bldg.
134 Peachtree Street, N.W.
Atlanta, Georgia 30303

*REGIONS V, VII (Ill., Ind., Mich., Minn., Ohio., Wis., Pa., Iowa, Kansas, No., Neb., W. Va.)
906 Grand Avenue, Room 240
Kansas City, Missouri 64106

*REGIONS VIII, IX, X (Colo., Mont., N. Dak., Utah, Wyo., Ariz., Calif., Nev., Alas., Idaho, Ore., Wash.)
1020 15th Street, Suite 300
Denver, Colorado 80202

GERONTOLOGICAL/AGING STUDIES CENTERS

The following is a list of major centers of Gerontolical/aging studies. They are excellent sources of printed materials, people to assist with or supervise training and some audio-visual materials. If you are close to one, it would be helpful to get acquainted with the staff and the services/resources they have to offer.

University of Akron
Lifelong Learning & Development Comm.
Akron, OH 44325

University of Alabama
Center for the Study of Aging
School of Social Work
P.O. Box 1935
University, AL 35486

Ball State University
Institute of Gerontology
Teachers College Annex
Muncie, IN 47306

Program in the Economics and
Politics of Aging
Florence Heller Graduate School
Brandies University
Waltham, MASS 02154

Brigham Young University
1154 East 930 N.
Provo, UT 84601

Duke University Medical Center
Center for the Study of Aging
and Human Development
Box 3003
Durham, NC 27710

Federal City College
Institute of Gerontology
1343 H. Street, NS
Washington, D. C. 20005

University of Florida
Center for Gerontological Studies
and Programs
221 Matherly Hall
Gainesville, FL 32601

Trinity University
Department of Sociology
715 Stadium Drive
San Antonio, TX 78284

University of Washington
Project on Aging
School of Social Work
Seattle, WA 98195

Washington University
Psychology
Lindell and Skinker Blvd.
St. Louis, MO 63130

Wayne State University
Institute of Gerontology
Detroit, MI 48202

Weber State College
Gerontology Training
Ogden, UT 84408

Wastern Michigan University
Department of Sociology
Kalamazoo, MI 49001

Wichita State University
Sociology Department
Fairmont College of Liberal Arts
and Sciences
Box 5
Wichita, KS 67208

University of Wisconsin
Faye McBeath Institution on Aging
Madison, Wis.

University of Illinois-Chicago
Sociology Department
629 University Hall
P.O. Box 4348
Chicago, IL 60680

North Texas State University
Center for Studies in Aging
Box 6152 N. TX Station
Denton, TX 76203

Ohio State University
1947 N. College Road
Columbus, OH 43210

Oregon State University
Program on Gerontology
Corvallis, OE 97331

Penn. State University
Gerontology Center
S-211 Human Development
University Park, PA 16802

University of Pittsburgh
A632 Crabtree Hall
Graduate School of Public Health
Pittsburgh, PA 15261

University of Puerto Rico
School of Public Health
Medical Sciences Campus
G.P.O. Box 5067
San Juan, P.R. 00936

University of Rhode Island
Program in Gerontology
85 Upper College Road
Kingston, RI 02881

Rio Grande College
Rio Grande, OH

University College-Rutgers
Gerontology
New Brunswick, NJ

St. Louis University
Institute of Applied Gerontology
3550 Lindell
St. Louis, MO 53103

University of Southern California
Andrus Gerontology Center
University Park
Los Angeles, CA 90007

Syracuse University
All-University Gerontology Center
Syracuse, NY 13208

Georgia State University
University Plaza
Atlanta, GA 30303

Institute for Comm. Studies
2 West 40th St.
Midwest Council on Aging
Kansas City, MO 64111

Kansas State University
Center on Aging
323 Justin Hall
Manhattan, KS 66506

Kent State University
Interdisciplinary Council on
Gerontology
Nixson Hall
Kent, OH 44242

University of Maryland
Center on Aging
Room 1120-A Francis Scott Key Hall
College Park, MD 20742

Mercyhurst College
Program on Gerontology
Erie, PA 16501

Miami University
Scripps Foundation
Gerontology Center
Oxford, OH 45056

Michigan State University
216 Baker Hall
Continuing Education Service
East Lansing, MI 48823

Molloy College
Institute of Gerontology
1000 Hempstead Ave.
Rockville, Centre
New York, NY 11570

University of Nebraska - Omaha
Gerontology Program
P.O. Box 688
Omaha, NE 68101

Northeast Louisiana State Univ.
Center for Social Service and
Research
Monroe, LA 71201

SOURCES OF GERONTOLOGY FILMS

ACI Films, Inc., 35 West 45th St., New York, N.Y. 10036

Audiovisual Instruction, Division of Continuing Education, 133 Gill Coliseum, Corvallis, Or. 97331

American Journal of Nursing, Film Library, 267 West 25th Street, New York, N.Y. 10001

Audio-Visual Instruction, Division of Continuing Education, 1633 S.W. Park Avenue, Portland, Or. 97201

CBS Education and Publishing Group, Columbia Broadcasting System, Inc., 383 Madison Ave., New York, N.Y. 10017

State of Colorado, Department of Social Services, Division of Services for the Aging, 1575 Sherman St., Denver, Co. 80203

Canadian Film Institute, 1762 Carling, Ottowa, Ontario K2A 2H7 (Distributed in Canada only)

CINE Association, 3102 M Street, N.W., Washington, D.C. 20007

Contemporary/McGraw-Hill, 1221 Avenue of the Americas, New York, N.Y. 10020; or contact nearest office.

CRM Books, 1104 Camino del Mar, Del Mar, Ca. 92014

Colorado State Department of Health, 4210 East 11 Avenue, Denver, Co. 80220

Film Library, Department of Communication Arts, Robert Hall, Cornell University, N.Y. 14850 (Distributed east of Mississippi River only)

Center for Mass Communication, Columbia University Press, 440 West 110th St., New York, N.Y. 10025

Geriatric Outreach Worker Program, University Center for Continuing Education, Case Western Reserve University, Baker Building, 10950 Euclid Avenue, Cleveland, Ohio 44106

DENT Project, c/o College of Lifelong Learning, Wayne State University, Detroit, Mich. 48202

Advertising Department, Del F. Webb Development Company, P.O. Box 666, Sun City, Ar. 85351

Edward Feil Productions, 1514 Prospect Avenue, Cleveland, Ohio 44115

Elliott-Unger-Elliott, Division of Screen Gems, 513 West 54th St., New York, N.Y. 10019

Film Dynamics, 7250 Fair Oaks Blvd., Carmichael, Ca. 95608

Film Bureau, Public Relations Department, Federation of Jewish Philantropies of New York, 130 E. 59th St., New York, N.Y. 10022

Department of Health, Education & Welfare, Office of Human Development, Office of the Secretary, Washington, D.C. 20201

Harvest Films, Inc., 309 Fifth Aven., New York, N.Y. 10016

Harvard Medical School, Department of Psychology, Laboratory of Community Psychiatry, 33 Fenwood Road, Boston, Mass. 02115

Iowa Commission on Aging, 415 Tenth Street,
Des Moines, Iowa 50319

International Film Bureau, 332 South
Michigan Ave., Chicago, Ill. 60604

Iowa State University, Media Resource
Center, 121 Pearson Hall, Ames, Iowa 50010

University of Illinois, Visual Aids
Service, 1325 South Oak Street,
Champaign, Ill. 61820

Indiana University, Audio Visual Center,
Bloomington, In. 47410

Journal Films, 909 West Diversey Parkway,
Chicago, Ill. 60614

Jewish Home and Hospital for the
Aged, Film Library, 267 West 25th St.,
New York, N.Y. 10001

Learning Corporation of America, 711
Fifth Avenue, New York, N.Y. 10022

Los Angeles Public Library, Audio-
Visual Department, 630 West Fifth
Street, Los Angeles, Ca. 90017

MacMillan Audio Brandon, 1619 North
Cherokee Street, Los Angeles, Ca.
90028; or contact nearest office

Michigan Department of Health,
Division of Information and Education,
3500 North Logan Street, Lansing, Mich.,
48914

Maimonides Hospital & Home for the
Aged, 5795 Caldwell Avenue, Montreal,
Canada H4W 1W3

Mass Media Associates, 2116 North
Charles Street, Baltimore, Md. 21218

Modern Talking Picture Service, Inc.,
1212 Avenue of the Americas, New York,
N.Y. 10036; or contact local office

Motion Picture Services, P.O. Box 252,
Livingston, N.J. 07039

Distribution Branch, National Audio-
visual Center (GSA), Washington, D.C.
20409

National Film Board of Canada,
16th Floor, 1251 Avenue of the
Americas, New York, N.Y. 10020

State of New York, Department of
Labor, Two World Trade Center,
New York, N.Y. 10047

New York Medical College, Department
of Physical Medicine, Flower
and Fifth Avenue Hospitals, New
York, N.Y. 10029

Oregon Division of Continuing Education,
Film Library, P.O. Box
1491, 1633 S.W. Park Avenue,
Portland, Or. 97201

Public Affairs Committee, 381
Park Avenue, New York, N.Y. 10016

Pyramid Films, Box 1048, Santa
Monica, Ca. 90406

Phoenix Films, 743 Alexander Road,
Princeton, J.J. 08540

Paulist Productions, P.O. Box 1057,
Pacific Palisades, Ca. 90272

Roche Laboratories, Division of
Hoffman-LaRoche Industries,
Nutley, N.H. 07110

Roerig Division Film Library, 267
West 25th Street, New York, N.Y.
10001

Salvation Army, 120 West 14th
Street, New York, N.Y. 10011;
or contact local office

Sunbursh Communications, Poundridge,
N.Y. 10567

Saginaw County Hospital, 3340
Hospital Road. Saginaw, Mich.,
48605

Southern Medical Association, 2601
Highland Avenue, Birmingham, Al.,
35206

Sandoz Pharmaceuticals, Division
of Sandoz-Wander, Inc., Hanover,
N.Y. 07936

Social Security Administration, Office of Administration Division of Training & Career Development, 6401 Security Blvd., Baltimore, Md. 21235

Time-Life Films, 43 West 16th Street, New York, N.Y. 10011

Transit Media, Inc., 779 Susquehanna Avenue, Franklin Lakes, N.J. 07417

University of Arizona, Film Library, Tucson, Ar. 85721

University of California, Extension Media Center, Berkeley, Ca. 94720

United Hospital Fund, 3 East 54th Street, New York, N.Y. 10022

University of Iowa, Audio Visual Media Library, C-5 East Hall, Iowa City, Iowa 52542

University of Kansas, School of Denistry, 39th and Rainbow Blvd., Kansas City, Ka. 66103

University of Michigan, Audio-visual Education Center, 416 Fourth Street, Ann Arbor, Mich. 48104

Administration on Aging, OHD/HEW
330 C Street, S.W.
Washington, D.C. 20201

American Foundation for the Blind
15 West 16th Street
New York, New York 10011

American Nursing Home Assoc.
Film Service
Box 7316
Alexandria, Virginia 22307

APA/H&CPS Film Library
Visual Aids Service
University of Illinois
Champaign, Illinois 61820

Concept Media
1500 Adams Ave.
Costa Mesa, California 92626

Mrs. Marguerite Jost
Special Materials Division--Main Library
North Texas State University
Denton, Texas 76203

Mid-American Resource and Training Center on Aging
5218 Oak St.
Kansas City, Missouri 64112

University of Nebraska at Omaha, Box 688
Omaha, Neb. 68101

United Artists, 729 Seventh Avenue,
New York, N.Y. 10019

Film Officer, World Health Organization,
Avenue Appia 1211, Geneva, Switzerland

Wayne State University, Audio-Visual
Productions Center, 680 Putnum, Detroit,
Michigan 48202

National Medical Audiovisual
Center (Annex)
Station K
Atlanta, Georgia 30324

UCLA Media Center
Instructional Media Library
405 Hilgard Ave.
Los Angeles, California 90024

University of Southern California
Division of Cinema--Film Distribution
Section
University Park
Los Angeles, California 90007

About Aging: A catalog of Films, Ethel Percy Andrus Gerontology Center, University of So. Calif., University Park, Los Angeles, California. 90007. Revised 1975.

Ed. Mildred V. Allyn, Project Ed.
Provides a list of major films on aging, handled by the above distributors. Gives rental/cost information. $3.18.

BACKGROUND TEACHER RESOURCES

1 Allen, R., & Towne, N. Looking out/looking in: Interpersonal communication. Corte Madera, California: Rinehart Press, Holt Rinehart and Winston, 1975.

2 Becker, E. The denial of death. New York, New York: Macmillan Publishing Company, 1973.

3 Bentley, V. The beauty of age. Virgil Bentley, Christian Care Center, Dallas, Texas, 1975.

4 Brickner, P. W., & others. Home maintenance for the homebound aged. The Gerontologist, 1976 16(1), 25-29.

*5 Butler, R. N., & Lewis, M. I. Aging and mental health. St. Louis, Missouri: V. C. V. Mosby Co., 1973.

6 Church, F. Aging in America, No. 4: Implications for federal policy. Washington, D.C.: National Council on Aging, 1976.

*7 Comfort, A. A good age. New York, New York: Crown Publishers, Inc., 1976.

8 Eisdorfer, C., & Lawton, M. P. The psychology of adult development and aging. Washington, D.C.: American Psychological Association, 1973.

9 Grollman, E. A. (Ed.). Explaining death to children. Boston, Massachusetts: Beacon Press, 1967.

10 Harris, L. The myth and reality of aging in America. Washington, D.C.

11 Hoffman, A. M. (Ed.). The daily needs and interests of older people. Springfield, Illinois: Charles C. Thomas, 1970.

*12 Hoper, C., Kutsleb, U., Strobbe, A., & Weber, B. Awareness games: Personal growth through group interaction. New York, New York: St. Martin's Press, 1974.

13 Kopp, S., & Flanders, C. No hidden meanings. Palo Alto, California: Science and Behavior Books, 1975.

14 Melemed, B. Making title XX work: A guide to funding social services for older people. Washington, D.C.: National Council on the Aging, Inc., 1976

15 National directory of educational programs in gerontology. Madison, Wisconsin: Association for Gerontology in Higher Education, Institute on Aging, University of Wisconsin, 1976.

*16 Neugarten, B. L. Middle age and aging. Chicago, Illinois: University of Chicago Press, 1968.

*** Key Resources**

*17 Rath, L. E., Harmin, M., & Semion, S. B. Values and teaching: Working with values in the classroom, Columbus, Ohio: Charles E. Merrill Publishing Co., 1966.

18 Riley, M. W., & Foner, A. An inventory of research findings, Vol. I, II. Aging and Society.

19 Riley, Riley & Johnson. Aging and the professions. Aging and Society.

20 Satir, V. Peoplemaking. Palo Alto, California: Science and Behavior Books, Inc., 1972.

21 Tebbel, J. Aging in America: Implications for the mass media. Washington, D.C.: National Council on the Aging, Inc., 1976.

22 Tibbitts, C. (Ed.). Handbook of social gerontology: Societal aspects of aging. Chicago, Illinois: University of Chicago Press, 1960.

23 Vickery, F. E. Creative programming for older adults: A leadership training guide. New York: Association Press, 1972.

*** Key Resources**

USE AND ABUSE OF COPYRIGHTED WORKS

The 1976 Copyright Law is the first revision since 1909. The accessibility of photocopying has led to a definition of "fair use" for educators. One can seek permission to replicate from the author of course. However, works can be utilized by educators without specific permission under the limitations below:

A TEACHER MAY:

Make a single copy, for use in scholarly research, or in teaching, or in preparation for teaching a class, of the following:

- A chapter from a book
- An article from a periodical or newspaper
- A short story, short essay, or short poem, whether or not from a collected work
- A chart, graph, diagram, drawing, cartoon, or picture from a book, periodical, or newspaper.

Make multiple copies for classroom use only, and not to exceed one per student in a class, of the following:

- A complete poem, if it is less than 250 words and printed on not more than two pages
- An excerpt from a longer poem, if it is less than 250 words
- A complete article, story, or essay, if it is less than 2500 words
- An excerpt from a prose work, if it is less than 1,000 words or 10 percent of the work, whichever is less
- One chart, graph, diagram, drawing, cartoon, or picture per book or periodical.

A TEACHER MAY NOT:

- Make multiple copies of a work for classroom use if it has already been copied for another class in the same institution. (Obviously, this is unrealistic for large institutions.)
- Make multiple copies of a short poem, article, story, or essay from the same author more than once in a class term, or make multiple copies from the same collective work or periodical issue more than three times a term.
- Make multiple copies of works more than nine times in the same class term.
- Make a copy of works to take the place of an anthology.
- Make a copy of "consumable" materials, such as workbooks or standardized tests.

A TEACHER MUST RECOGNIZE:

That permissible photocopying must be "spontaneous", i.e., "the decision to use the work and the moment of its use, for maximum teaching effectiveness, are so close in time that it would be unreasonable to expect a timely reply to a request for permission."

AT PRESENT, WORKS SPONSORED AND PAID FOR BY A GOVERNMENT AGENCY, UNLESS CLASSFIED, CANNOT BE COPYRIGHTED AND CAN BE FREELY DUPLICATED.

Source: Chronicle for Higher Education. October 11, 1976.

LEGAL PRECAUTIONS

Laws vary greatly from state to state. Agency regulations also vary from one agency to another. At different points within the curriculum note has been made of areas where the teacher needed to clarify for herself those laws/regulations that would affect the learners once they are on the job. Some of these areas affect what the teacher will teach the learners to do or not do. In other areas, the learner needs to be informed that he will not unknowingly do something that would place him in an awkward place in relationship to the law. All of these areas have been summarized below so that prior to starting training the teacher can clarify the legal concerns that relate to her particular state, and the particular group of learners for whom the course will be offered.

Health and Personal Care Related Issues. If the learners will be working for an agency, the polices of that agency regarding the types of client health care needs a Home Helper can meet directly vis-a-vis those which the Home Helper needs to call upon a health professional to meet is an issue which needs clarification.

Examples of some types of care that some agencies allow and others disallow are as follows:

Taking blood pressure

Changing and cleaning dressings

Giving regular insulin injections

Cutting toenails

Changing and irrigating clostomy sacks and openings

Shaving

Cutting hair

Help with tub baths

Transporting the client in own car

If some of the learners will be providing services to the client under Medicare, Title XX, funding, the limits and regulations of these funds in relation to the above issues need to be clarified also.

In some cases, the Home Helper and the client may be related to one another. In these cases, the learners will need to know what things they cannot do during the time they are providing contracted services but can do on their own time as a family member or friend.

Liability. No matter what the source of funding for services, all learners need to know for that particular state what things they cannot do without being held personally liable should something go wrong.

Those who work for agencies, need to know what type of liability insurance coverage, and bonding the agency provides. Those who are going to work for themselves need to know what their legal liability will be and how to adequately protect themselves through insurance, written agreements, and limiting what services they will provide directly and what services that they will find other (community) resources to provide.

Client-Home Helper Relationships of Confidentiality and Susceptibility to Subpoena. There will probably be only a small percentage of Home Helpers who might be called to testify in a legal case involving their client (e.g., guardianship, etc.). However, it is important that Home Helpers are aware that the possibility exists so they can conduct their relationship with the client in such a way to protect the client's privacy rights. The vocation of Home Helper is an emerging one and therefore few states are going to be clear about how to classify the Home Helper-Client Relationship regarding the matter of privileged information between client and Home Helper. The Home Helper needs to know what the laws are in their state in relation to other members of the helping professions, what information regarding the client they should and should not keep written records of to avoid betrayal of client's privacy/confidentiality. They should know what type of verbal sharing between the client and themselves might be better shared with another member of the helping professionals team who is better protected under laws of client privileged information. They need to know when to advise their client that what the client is sharing could not remain confidential in court so the client can decide whether to proceed with the conversation or not.

Learners need to know what a subpeona is and what right/obligation they have in relation to one. If the learner will be working for an agency, agency policies regarding these issues need to be clarified for the learner.

Signed Agreement/Contracts. Contract laws also vary greatly from state to state. Home Helpers need to know what the laws are in their state regarding a written, signed agreement between themselves and their clients, especially if a Home Helper is working for himself and not an agency.

Home Helpers working for an agency need to know not only the laws related to their contract with the agency and the agency's contract with the client, but also the agency regulations regarding any agreements between the Home Helper and the client.

Summary. In Module IX, Legal and Ethical Concerns, matters regarding the law and the aged are dealt with in depth. However, the teacher needs to recognize their significance to each module. These legal issues relate to the basic Home Helper-Client (agency) relationship(s) which will interface with concerns/issues throughout the course. The teacher needs to obtain information from the appropriate legal, health, and agency professionals so that the learner's training will reflect the legal/regulatory realities as well as what one might hope would work in a caring professional relationship between a Home Helper and her client.

One final note, these legal realities should be presented to the learners in as positive and matter-of-fact way as possible. Some people find legal matters to be frightening, partially because so much of legal language is obscure to the average person on the street. Hopefully, by learning what legal terms mean and understanding how these laws relate to them and their clients, the Home Helper will be less frightened if confronted with a legal problem. The purpose of presenting these legal realities and precautions is not to frighten or overwhelm potential Home Helpers, but rather to help them be more secure in relation to the law.

FOCUS ON VALUE CLARIFICATION

In recent years educators and sociologists have made us more aware of the values that we hold, how they can differ from one person to another and that a person's values in and of themselves are not intrinsically good or bad, but rather are. They have also helped us become aware of how we can clarify for ourselves what our own values are and be more respectful of people whose values differ from our own. This is a process that has been called "value clarification".

Because people's values are so personal, developed out of each person's own life experiences, it is inevitable that Home Helpers will sometimes have values different from their clients. It is important that you as the teacher are able to help each learner throughout the entire course clarify her own values, distinguish value judgments from basic issues of sanitation and health, and learn how to respect the values held by someone that differ from her own so that she will not try to impose her value system on a client. For example, the client may be most comfortable with a little clutter around while the Home Helper is a person who is very uncomfortable unless "everything has a place and everything is in its place." Neither is right or wrong.

There are a few specific places in the curriculum where strategies have been suggested that involve the value clarification process. But genuine value clarification as a part of teaching is not omitted to isolated strategies, but rather permeates the entire learning experience. A sensitive teacher who knows the basic value clarification process will see many opportunities to help learners clarify their own values and to become less judgmental of those whose values differ from their own. If you have not had experience with value clarification before, the book, Values and teaching, by Rathis, Harmon and Simm (on list of background resources for teachers) is excellent as a starter. Also, you can probably find resource persons in your community who have had experience with value clarification and can help you clarify some of your own values as you prepare to serve as both teacher and model of this process of clarification and respect for the learners.

There will be times when Home Helpers may, in the process of working out the Agreement (VII-A1), or as the job progresses, realize that the value system of their client is so different from their own on issues that are of especially high priority to the Home Helper that he would be very anxious/uncomfortable working with the client. (For example: The Home Helper may be someone who values physical exercise highly and has no patience with a person who is not very active physically. The client may be a person who has always been active in her daily routine but values time to sit quietly and read feeling that people who exercise are wasting time). This is all right.

Clarification and respect of values includes the ability to respect one's own values and to be honest when there are serious difference with another. (See the appendix item, The Technique of Openness, IV-A1, for guides on how to deal openly with such differences). Respect of another person's values does not include trying to stay in a basically uncomfortable situation, but rather removing oneself from the situation without passing any judgment and helping to find another person who does not have that big a value conflict with the client and can serve as the Home Helper.

The Securing Employment Model contains additional resources on values and value clarification if one is interested in pursuing this further.

LEARNERS WITH SPECIAL NEEDS

In each of the field test sites there were a few learners who had very low level reading skills. **Some also had difficulty writing, doing well to** write their name and address. Other learners, while being able to read and write fairly well did not have a very large vocabulary. In one field test site one of the learners had to use a cane to assist her in walking and another had limitations in his activities due to a heart problem. In some situations learners might be older persons themselves who must use a walker or have some other handicap. In compliance with federal policy, learners who are blind, deaf, or otherwise handicapped cannot be excluded from training. The following are suggestions of some ways a teacher can adapt the teaching strategies to accommodate learners with special needs, as well as an explanation of the basic approach to the job of the Home Helper which supports the ability of persons with special needs to function competently.

The Enabler

The Home Helper is viewed as an enabler, one who makes it possible for client needs to be met. An enabler will sometimes meet the needs by doing the tasks himself. Other needs will be met by the enabler supporting the client so that she can meet her own needs. In addition, the enabler will see that still other needs are met by other agencies, the client's families or friends and/or other community resources. The enabler is not a super person who meets all the client's needs herself. Therefore, an enabling Home Helper who is himself handicapped in some way need not feel inadequate. Rather, she just needs to be honest in her self-appraisal and clear with the client about what sorts of tasks she cannot do herself but will see that they are done by someone else. (See the Learner Information Sheet, Appendix A, Module II, entitled, The Enabler Role).

In teaching the competencies for becoming a Home Helper, the teacher should emphasize this enabling role throughout, helping each learner grow in his ability to honestly, without shame or guilt, assess his own strengths, weaknesses and areas of special limitations, so that he can become familiar with the resources he will need most to supplement his own skills and abilities in meeting client needs. This is true of every learner, but especially true for those who have "handicaps".

The teacher of this curriculum has the opportunity to be a model for the learners of honest self-appraisal and enabling activity. It is doubtful that any one teacher will have all of the specialized expertise in every area covered by the curriculum. Therefore, he will be making use of many resource persons as "assistant teachers". When doing this, the teacher can share with the learners his own limitations and anxieties and how he has made use of other resources to provide the learners with the total learning experience needed to reach competency as a Home Helper (See Module IV, Learner Appendix item, The Technique of Openness, p. IV-A1).

Adaptive Teaching Strategies

1. Vocabulary Building

There will be words that are unfamiliar to almost all learners at different points in the curriculum due to the technical nature of some of the modules. Learners with minimal vocabularies, and poor reading skills, will have more difficulty than others. Throughout the teaching of the curriculum, the teacher will need to help the learners build their vocabulary. One of the best ways to do this would be to have the class cooperatively develop a glossary of terms as the course proceeds. copies of which each learner will be given as a part of their developing personal/professional file/notebook. (The modules on Health and Legal Concerns contain partial glossaries in the Learner Appendix). Some ways of facilitating vocabulary building are as follows:

a) Provide the class with at least one good dictionary and the basic resource books listed in each module, especially The art of age.

b) When taking the pre assessment for each module, have the learners mark (circle or underline) any word whose meaning they do not know and have these words be the start of the glossary for that module.

c) When a term or word that is new to you appears, say so and with the learners look it up and add it to the glossary.

d) Have each learner look up words/terms she does not know to add to the glossary or have the looking up of definitions be a group process.

e) Post on newsprint or blackboard all of the words, the definitions, and sentences using each as they come up. At the end of each module, alphabetize, write up and have duplicated copies for each learner,

OR

Have a committee of 2 or 3 learners responsible for keeping a list of words, definitions and sentences, alphabetizing and writing up for duplication at the end of each module. (Different people could serve on the committee for each module. The committee should have a combination of people with different levels of reading skill).

At all times, handle vocabulary building in a matter-of-fact way so that none are made to feel embarrassed or inadequate because they do not know the meaning of a word. It can become an enjoyable, cooperative game that the group is playing together, seeing how many new words the whole group can learn.

2. Use of Buddy System

This technique (strategy) can be used if you have a learner with any kind of handicap, from reading problems through physical limitations. To avoid making the learner(s) with the special need feel as though she (they) are being singled out, the teacher should utilize the buddy system with the entire class. If there are an odd number of learners the teacher might be paired as the buddy with one of the learners. Or the teacher can divide the learners into a mixture of triads and dyads so that everyone has one or two buddies. The original division should be made at the close of the Orientation to the course (see Module I). At the end of Module II any needed adjustments in buddy groups should be made and the groups should then remain fairly stable throughout the remainder of the course. As best as possible each dyad or triad should include persons whose strengths compliment and supplement each other. For example, a good reader with a poor reader, the poor reader having some life experience skill beneficial to the job of Home Helper that the good reader does not have. This way there will be times during the course when each will be the helper and the one in need of help.

Not only will the buddy system enable the learners to help each other, but also can serve as a good laboratory experience for the way the independence-dependence balance in the Home Helper-Client relationship can vary from one relationship to another and at different times within the same relationship. (See Learner Information Sheet, The Independence-Dependence Balance, II A-9).

The buddy system can also be utilized by the teacher in every section of the course in helping the learners achieve both greater self-awareness and empathy for others.

Some of the ways ot using buddy system:

a) Have each buddy group work together as a support system to enable each learner in the group to achieve each objective.

b) As trust among the learners in each of the buddy groups increases encourage them to share with each other, and eventually the entire group of learners, their feelings about having difficulty doing something because of their limitations, how they compensate, etc. (The limitations the learners will have may well parallel the type of limitations a Home Helper's client might have. For example, the older a group of aged you are serving, the lower the literary rate. Therefore, learners with reading/writing difficulties will be representative of a lot of possible clients age 76 to 80 and up. The problems these learners face in dealing with a society that depends on literacy for survival are similar problems a Home Helper's client might face. The learner who can share their feelings about this limitation, ways they manage, etc., will be serving as a valuable resource person for the entire group of learners.)

c) Utilize the buddy groups as the way of dividing the learners into groups of two or three whenever a strategy calls for this to help build mutual trust and support.

d) Utilize the buddy groups as examples of how Home Helpers can act as enablers.

3. Utilizing Tape Recorders

In addition to those persons who have difficulty reading and writing, some people have difficulty expressing themselves on paper, and others learn and retain information they hear better than information they read. Tape recorders can be used as a teaching aid in all of these situations. Learner appendix items can be recorded and made available in the classroom as part of the "library" available to the learners. Assessment pre and post questions can be recorded so that learners with severe reading problems can listen to the questions and mark the correct answers on answer sheets. When strategies call for the learners to write self-evaluations, summaries of things learned, etc., those who have the most difficulty expressing themselves on paper can make a tape that becomes a part of their personal/professional file.

INDIVIDUAL / SMALL GROUPS OF LEARNERS

The curriculum has been written assuming that the teacher will be working with at least medium-size groups of learners (7+). There may be situations, especially in Home Economics Cooperative Education programs, where the teacher will have only one learner, or a very small group of learners who are receiving this particular training. The teacher will need to creatively adapt the strategies for use with just one learner or a small group.

The resources listed contain most of the necessary information a learner will need. If the learner is an adequate reader, the adaptation to one or a few learners should not be too difficult. If the learner has difficulty reading, use of more of the films and filmstrips, plus the tape recorder, (see Learners With Special Needs, I-B33) should work all right for most of the content learning required for one to achieve competency. More field trips to visit with local resource people at their own offices can be arranged instead of having the resource person come talk with the group. Adequate preplanning by the teacher with resource persons will make these field trips most beneficial to the particular needs of the learner. If the learner is receiving on-the-job training at an institution for the aged, the teacher can work with the learner's job supervisor to have some of the specific skills taught and validated on the job.

The part of the training that will be most difficult to adapt to a single learner setting will be the attitudinal and affective aspect that is interwoven with all of the cognitive learnings and specific skills. These affective skills are especially focused on in Module IV, Human Relations Skills. It is impossible to learn how to improve one's communication skills, to improve the way one relates to another as one goes about one's job, etc., without having other people to whom one can relate during this process. When there are not a lot of other learners to share their experiences with, the relationships that do exist become more important. The teacher will, therefore, need to utilize his own relationship with the learner as well as the Older American Resource Person strategies to help the learner achieve competency in these areas. The Older American Resource Person becomes an "assistant teacher" in a very real sense in this situation, and so the teacher will need to work very closely with him and be sure that he receives all of the support and guidance he needs. Then, at the end of training, very special appreciation for the time and effort she has spent with the learner will need to be given.

If the teacher is in an educational setting that has videotaping facilities available, these can be utilized to help a learner get feedback on his affective behaviors. This can be especially useful in giving the learner feedback on her non-verbal communications. Also, videotapes of the learner as he performs the skills for the check off evaluation lists in some of the Modules (e.g., Personal and Health Care learning about Reality Orientation, practicing interviewing skills with their Older American Resource Person, etc.) would help the learner evaluate his own growth in the affective area.

Finally, if the learner is working in a home setting with a client during training, the teacher can get permission of the client to do some of the training in the client's home. Also, the client might agree to serve as the Older American Resource Person for that learner. The teacher, client and learner, could have regularly scheduled conferences to provide the learner with feedback on non-verbal communication, general attitude, showing respect, etc., The client and learner could do some of the suggested role-playing strategies with both teacher and client helping the learner to grow in these areas of affective behavior and human relation/communication skills.

In short, because a competent Home Helper is a person whose attitudes and affective behavior on the job are as important as specific job skills, training an individual learner to become a Home Helper has some basic difficulties. However, creative use of herself and other human resources within the community will enable a teacher to train one learner or a very small group of learners to be competent Home Helpers.

DEATH EDUCATION

In the play, Julius Ceasar, by Shakespeare, Ceasar says:

> "Of all the wonders that I yet have heard
> It seems to me most strange that man
> should fear;
> Seeing that death, a necessary end,
> Will come when it will come."[1]

In this speech, Shakespeare acknowledges the paradox that death is both inevitable and feared greatly. It is just this paradox that makes understanding death, the realities of the physical death process and one's own emotional reactions to death in any of its forms, so important for persons on the helping professions team working with aging services.

All people die. Most people die when they are old. A person working with the elderly is much more likely to experience the death of some of her clients than someone working with children. The death may be a tranquil one but sudden, with the person "just not waking up one morning." Or the death can be a gradual, generally peaceful, "fading away" with the older person growing weaker over a period of time so that all are aware, "Grandpa is dying." Or the death can come with pain and anguish as the result of an illness or operation. Whatever form the death may take, those who are involved with the life of the person who dies, including any in the helping professions team, will have many emotional reactions to the loss of that person.

One of the main feelings they will experience is fear--fear of their own death, fear of the unknown. If the one who is supposed to be the helper does not honestly face that fear, but instead runs from it and all his other feelings - anger, guilt, temporary loss of faith, relief, etc., - he is not free to really help the person who is dying, or the family and friends who survive, and his own life is thrown out of balance for awhile.

For someone who is planning to be on the team of professionals who work with aging services, it is important that she have an opportunity to learn the facts about the death process and to confront her own feelings about death. Unfortunately this is an area that many professionals have only recently begun to come to grips with, and a trained Home Helper might well be in a situation where she is better able to cope with these feelings than the physician. (Note Death Attitudes Case History No. 3, Module III, Appendix A). As a learner goes past his fear and learns the realities of death; actually sees and learns what one does with a person who dies at home; touches a dead person; learns how the mortician does her job, and what role the family can play in the process, etc., some of the fear vanishes.

---

[1] Shakespeare, William. Julius Ceasar. Boston and New York: Ginn and Company, 1939. Act II, Sc. 2, line 32.

Questions have been answered and the aura of mystery caused by a lack of knowledge has been dispelled. Then, as a learner begins to be able to identify and share her feelings about death with the teacher and the other learners and knows that anger and relief are both natural reactions in the grief process, along with sadness, guilt and all the other feelings, her own feelings seem less strange, more acceptable and can be dealt with in a constructive way.

The strategies on death are some of the most important in the entire curriculum. The many resources should be read carefully by you as the teacher early in your preparation for teaching the course so that as you get to know the learners, you can begin to decide which of the resources will best meet their needs. Also, if you have not, yourself, given much thought to death and your own feelings about it, this early preparation will give you time to explore your own feelings with a fellow professional and allow you to be more comfortable in the teaching of these strategies. When you actually teach this section, you should be willing to share fully with the learners your own reactions, thoughts and feelings so you can be a model to them and reassure them as they first begin to deal with this emotionally-packed topic.

Needless to say, this is a topic that should not be rushed through. You should allow plenty of time for each learner to deal with all of his feelings about this topic before moving on. Also, though the strategies do not call for it, this is a place where you may want to have psychiatric social worker, psychiatrist, psychologist, minister or other members of the helping professions, who has had training in this particular field, to come in as a co-teacher.

One of the most important of the resources is the little book, *How to survive the loss of a love*. It is important because it recognizes that life is full of many losses--not just the loss of someone through death--and that as one deals honestly with one's feelings about each of these other losses, one is preparing oneself for dealing with the big loss: death. As you go throughout the course together, you and the learners will experience losses in your personal lives and together as a group. In fact, if the group has grown close during the training, the end of the course itself will be a fairly large loss. You can make use of each of these occasions of a loss in the life of a member or the entire group to continue the process of death education begun with these strategies. (You will note that the Evaluation of the Course Strategies contain some elements of "grief work".)

Finally, what you and the learners share in the process of reaching competency on these two objectives, can be a very meaningful and freeing experience. It can enable you to cut through pretensions and roles to engage each other as your true selves--with all your foibles and weaknesses, your beauty, uniqueness and strengths. Do not let your own natural feelings of fear and trepidation at teaching this section stop you from exploring death with yourself and your fellows so that you may all be more responsive and professional caregivers and live fuller lives.

GET-ACQUAINTED EXERCISE 1

Purpose:

1. To enable learners to focus on their feelings about the training.
2. To enable learners to begin to assess themselves.
3. To enable the teacher and learners to get to know one another better.
4. To begin to build trust between and among teacher and learners by sharing a little of oneself.

Materials needed:

5 x 8 index cards; pins and pens/pencils; newsprint and marker.

Time:

30-45 minutes, depending upon group size.

Ask the learners to complete a card and affix it to their shirt. (Teacher participates also.) Have the learner mingle for five minutes reading each others' cards but with no verbal communication. Then group the learners in pairs to get acquainted through discussion of the card information (10 minutes). Finally, with the total group, have each learner introduce his partner, sharing some information from the discussion (15-30 min.).

Teacher facilitates discussion and notes main points on newsprint. After discussion, learners give their cards to the teacher to be utilized in design of course and strategy selection.

GET-ACQUAINTED CARD

What I hope to learn in course	What I want to happen in course
My name	My age
Anything else important about yourself	
My strengths	What I do not want to have happen in course

GET-ACQUAINTED EXERCISE 2

Purpose:

1. To enable learners to focus on their feelings/perception of aging.
2. To enable learners and teachers to get to know each other better.
3. To begin to build trust between and among teacher and learners by sharing a little of oneself.

Materials:

5 x 8 index cards; pens, and pins; newsprint and marker.

Time:

30-45 minutes, depending upon group size.

Ask the learners to complete a card and affix it to their shirt. (Teacher participates also). Have the learners mingle for five minutes reading each others' cards but with no verbal communication. Then group the learners in pairs to get acquainted through discussion of the card information (10 min.). Finally, with the total group, have each learner introduce his partner, sharing some information from the discussion (15-30 min.).

Teacher facilitates discussion and notes main points on newsprint. Summary of discussion is duplicated to utilize during Module III.

GET-ACQUAINTED CARD

Things I look forward to when I'm 65 or older

Things about old age that scare me

My name

My age

Name of famous person over 65 I would like to be like

Names of older persons who are family members or friends

GET-ACQUAINTED EXERCISE 3

Purpose:

1. To enable each learner to focus on himself as a person.
2. To enable learners and teacher to get to know each other better.

Materials:

Handout, "Exploring Who I Am."

Time:

Approximately one hour.

Ask the learners to go through the exercise silently, following the instructions on the handout sheet. They should then select partners or form small groups of five or less, and repeat the process, sharing information with each other.

After about 30 minutes has elapsed, the teacher asks each group or dyad to report or share information with the larger group, encouraging them to reveal only what they are comfortable sharing.

GET-ACQUAINTED EXERCISE 4

Purpose:

1. To enable each learner to focus on herself as a person and to listen to another person do the same.

2. To enable learners and teacher to get to know each other better.

Materaials:

Pieces of paper with numbers by pairs; paper and colored markers.

Time:

Approximately one hour and a half.

Have everyone, teachers included, draw lots for partners.

Have everyone take turns interviewing his partner (allow about 20 minutes total time) using the following questions:

What was the best thing that happened to you during the last month?
If you were an animal, what kind would you be like? Why?
If anyone could go on a month's vacation anywhere in the world with anyone (or alone) where would you go, who with. what would you do?
If you were given $10,000, tax free, what would you do with it? Why?

After 20 minutes stop discussions and ask each person to draw a picture of their partner that they will use in introducing their partners to the group. Then they are to draw a self-portrait they do not show their partner, but put their name on the back and bring to the teacher. Allow about 10 minutes.

Bring entire group together in a circle. Ask each person to introduce their partner using the picture they drew. plus information shared in earlier part of exercise.

Teacher then puts up around the room the self-portraits, putting a number on the front of each. Without talking, learners are to circulate and make a private list of who they think each picture is of according to the numbers.

When all have completed their lists, sit in the circle again. Beginning with picture one, see who other learners thought it was. and then have the learner whose picture it really was, identify herself and tell what about herself she was trying to show in the picture.

AUDIO VISUAL DISCUSSION GUIDE

Title: Swan song Color 25 min. 16 mm. film

Source: Carousel Films, Inc., 1501 Broadway, Suite 1503, New York New York.

Sound and Photography: Clear soundtrack; excellent cinematography techniques used to highlight meaning and elicit emotional response from audience.

Synopsis: Actor (played by Richard Kiley), who is retiring from the theater has performed in a benefit performance for himself. He has gotten drunk and has fallen asleep. The film begins as he awakens in the seemingly empty theater and begins to talk with himself about his life, aging, and retirement. The prompter (played by Michael Dunn), who sleeps in the dressing rooms because has has no where else to go, hears him and comes onto the stage, frightening the actor. They then talk, the actor sharing his anguish and despair, the prompter trying to comfort him. The actor recalls several of his favorite scenes from Shakespeare, ends with one from Hamlet, and feels young again. He says to the prompter that they should go home, whereupon the prompter starts to cry. The actor first comforts the prompter, then cries with him, and finally picks him up in his arms to take him home with him, quoting the following from Othello as they leave the stage:

"Out, out brief candle
Life 'tis but a walking shadow.
An old player who struts and frets
    his hour upon the stage
and then he's heard
    no more".

For Use with Module I, Orientation to the Course and Evaluation of the Course (especially if learner group is middle-aged or older).

Recommendation for Use:

Most effective discussion if previewed by leader. Film utilizes a lot of symbolism that can make discussion especially rich. Film raises more questions than answers. To be used at beginning and end of training as a vehicle for comparing and contrasting learner ideas about and emotional reaction to aging before they have had any training and at end of training as they are ready to seek employment working with aged.

Recommendations for Additional Use:

Could be utilized along with prose-poetry selections about death to facilitate a discussion of the different ways people respond to the thought of dying. Also good for a discussion that focuses on how one's value system and way of living affects how one responds to the loss of youth, retirement and loneliness.

Suggested Discussion Questions:

1. How did you feel at the end of the film?

2. What did the actor say and feel about aging? Retirement? Death? Were his feelings and ideas on each of these consistent?

3. How did the actor define youth?

4. How did he view his life?
   How do you view his life?

5. What did you feel when the prompter was trying to comfort the actor in his anguish and said, "Be calm, it will be all right"? What did you think about the actor's response?

6. Why do you think the prompter started to cry?

7. Discuss the possible symbolic meaning of the following:

   the empty theater
   the applause
   the candles
   the scarf
   the relationship between the actor and the prompter
   the things left on the empty stage at the end

8. What do you think happened after the end of the film?

9. What does the film say to you about your own aging process?

AUDIO VISUAL DISCUSSION GUIDE

Title: The shopping bag lady Color 21 min. 16 mm. film

Source: Learning Corporation of America, 1350 Avenue of the Americas. New York N.Y, 10018, Rental $25 for 3 days; Purchase $295.

Sound and Photography: Clear soundtrack; excellent cinematography techniques used to highlight meaning of film.

Synopsis: An old woman visits the park daily picking up things people have left or thrown out and puts them in one of several shopping bags she carries. Some teenage girls who pass through the park regularly see her and laugh at her, etc. One girl has a grandmother who is living with her family and who shares the girls' room. She is annoyed with her grandmother's snoring, and constant interruptions of the girl's activities to chat. This girl is looking for a doll she left in the park. She finds it has been found by the old woman and sees the police taking her away. The lady's shopping bags are left behind on the park bench. The girl returns and collects the bags and goes to the police station. She learns the old woman has been put in a hospital. The girl goes there to visit her and take her the bags. She also gives her the doll. The final sequence deals with the girl and her own grandmother and the girls' greater empathy with her.

For Use with Module I, Orientation to and Evaluation of the Course (especially if the learner group is young).

Recommendation for Use:

Most effective discussion if previewed by leader. Look for symbolism used. To be used at beginning and end of training as a vehicle for comparing and contrasting learner ideas about and emotional reaction to aging before they have any training and at end of training as they are ready to seek employment working with aged.

Recommendations for Additional Use:

Could be utilized in discussion of Human Relations Skills (Module IV) about verbal and non-verbal messages; empathy and respect; "listening" with one's eyes as well as ears, etc.

Suggested Discussion Questions:

1. How did you feel when you first saw the old woman with her shopping bags? When the girls made fun of her? When she was talking to the doll?

2. Do you think the old woman is typical of most aged who live alone? Why or why not?

3. How did you feel about the girl and her grandmother? Did you think the problems between them are typical of most intergenerational relationships?

4. Do you think more old people live alone or with their families? Which would you rather do? Why?

5. What do you think happened to the three main characters after the end of the film?

6. What does the film say to you about your own aging process?

AUDIO VISUAL DISCUSSION GUIDE

Title: Quotations by Hyman and Prine for posters.

For Use with: Module I, Orientations to and Evaluations of the Course

Recommendation for Use:

Have posters made and up in room before learners arrive. (You might want to play the entire John Prine song as sung by Joan Baez in her album, Diamonds and rust by A & M Records).

Recommendation for Additional Use:

Can be referred to throughout course to compare and contrast ideas about aging and the needs of elderly with the ideas presented in other prose-poetry selections used, or in general class discussions.

Suggested Discussion Questions:

1. What are you feeling about each quotation?
2. Do you think they reflect the truth about most older persons? Why or why not?
3. Do you think loneliness is inevitable for older people?
4. Would you like someone to care for you when you are older? Why or why not?
5. Do you think most older men need more taking care of than most older women? Why or why not?
6. What do these quotations say to you about your own aging?

COMPETENCIES AND OBJECTIVES

The Learners will be able to:	The Learners will:
1. Understand the duties, responsibilities, and limits of the vocation of Home Helper in Aging Services.	1.1 Recognize the importance of the role of the Home Helper and the benefit of training for the position.
	1.2 Describe the duties, responsibilities, and limits of a Home Helper.
2. Recognize career alternatives in the field of aging, or related fields, available to a trained Home Helper.	2.1 Identify the career positions available in working with the aging and the skills/training required for each.
	2.2 Identify other career fields in which skills of the Home Helper could be utilized and the additional skills/training that might be required.

CONTENTS FOR: II JOB OPPORTUNITIES AND EXPECTATIONS FOR AGING SERVICES

Page

COMPETENCIES AND OBJECTIVES II-2

CONTENTS FOR JOB OPPORTUNITIES AND EXPECTATIONS II-3

DIRECTIONS TO THE TEACHER II-5

Orientation to Module II II-5
Evaluation of Module II. II-6

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES. II-7

REFERENCES. II-15

Books. II-15
Pamphlets. II-15

APPENDIX A: LEARNER INFORMATION SHEETS

Career Ladder: Aging Services for Independent Living. II-A1
Educational Framework of Care and Independent Living Services for Aging. II-A2
Job Description. II-A3
Overview of Vocation II-A4
Working as a Member of the Helping Professions' Team II-A6
The Enabler Role II-A8
The Independence-Dependence Balance. II-A9

APPENDIX B: TEACHER INFORMATION SHEETS

Get Acquainted Exercise 5. . . . . II-B1
Get Acquainted Exercise 6. . . . . II-B2
Development of Career Ladder and Lattices. II-B3
Educational Advancement Framework. II-B3
Interface with Institutional Care. II-B3

II JOB OPPORTUNITIES AND EXPECTATIONS FOR AGING SERVICES

DIRECTIONS TO THE TEACHER

This module is written with two assumptions. First of all, there are in your own community potential jobs for the trainees that have been identified by you or an agency in the community. Secondly, that you will utilize the Securing Employment Training Module developed under this grant to reach the general goals of basic employability by your learners. It is recommended that the Securing Employment Module be taught at the end of Module IX of the curriculum and before the Evaluation of the course. This Module on Job Opportunities and Expectations relates only to the specific pre-employment concerns of someone interested in becoming a Home Helper.

Note: Team Teaching: If this is being team-taught, Module I contains important information you need before proceeding.

ORIENTATION TO MODULE II

Purpose:

1. To continue the processes of getting acquainted and trust building begun in the Orientation to the Course.
2. To enable learners to share with each other and the teacher some of their perceptions of the needs of the aged and what the job of the Home Helper might involve.

Setting the Stage:

Before the class meeting, make a poster utilizing pictures of people of different ages helping or caring for other people and the following quotation by Charles Dickens:

> "No one is useless in this world
> who lightens the burden of it to anyone else."

Materials Needed: Poster (materials appropriate for choice of Get-Acquainted Exercise 5 II-BI, or 6 II-B2).

Procedures:

The teacher will see if learners have brought any newspaper articles, poems, etc., on aging. If so, briefly discuss and post in prearranged place.

Utilize either Get-Acquainted Exercise 5 or 6. At the close of the discussion, point out poster and relate things learners have shared in the discussion to the quotation and pictures. Emphasize the importance in our society of people who are willing to be a part of the Helping Professions Team .

EVALUATION OF MODULE II

Purpose:

1. To determine if the objectives of Module II have been met by each learner.
2. To begin the process of enabling each learner to look at herself objectively, set goals for improvement and recognize her strengths.

Setting the Stage:

Develop a place to have individual conferences privately. If at all possible this should be in another room. If not, utilize a folding screen/bookcase to provide privacy in one corner of the room. The conference corner should be as comfortable and non-threatening an environment as possible with comfortable chairs, coffee, etc., to drink, a print or poster on wall and no desk.

Materials Needed:

Post assessments
Pencils/pens and paper for each learner
Blank tapes, tape recorders for those who have difficulty writing.

Procedures:

The teacher will explain again to the learners the theory/philosophy of competency-based training and the purpose of the post assessment and the evaluating process.

Administer assessment.

Have individual learners write an evaluation of how they assess themselves as a potential Home Helper. Ask them to cover all of the areas in the Job Description and Overview. Their evaluation should include, but not be limited to, the following:

1) their areas of strengths and knowledge
2) the areas they need to know more about
3) life experiences they have had that can be useful on the job
4) their interest in the job as Home Helper
5) their anxieties about the job of Home Helper

In individual conferences review the evaluation, the card they completed in the introductory strategy to the course, and the assessment results. Utilize these conferences to begin helping learners look at their own behavior objectively and to plan strategies for remainder of the course.

Note: Team Teaching: If the curriculum is being team-taught, the teacher for the next module needs to be introduced at the beginning of this evaluation process and to sit in on the evaluation conference to insure continuity.

COMPETENCY BASED
TEACHING MODULE

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 understand the duties, responsibilities, and limits of the vocation of Home Helper in Aging Services.	1.1 recognize the importance of the role of the Home Helper and the benefit of training for the position.
	1.2 describe the duties, responsibilities, and limits of a Home Helper.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.1.1 give an overview of the field of aging and work of the White House Conference on Aging. Focus on the large projected number of older Americans who are in their own homes as opposed to the smaller percentage who are in institutions and enumerate some of the needs of these persons which cannot be adequately met by untrained household help or family.	BOOKS 5 Toward a national policy on aging, vols. I and II. 6 Working with older people, vol. 1, The practitioner and the elderly. 3 Papers on vocational home economics. 1 Guide for in-service training for developing services for older people. 4 Resources of people 65 or over. PAMPHLETS 7 Facts about older Americans, 1975.
1.1.2 ask learners to read selected materials on aging and on the needs of those in home care. Lead a class discussion on the question of trained personnel vs. untrained family members/household help attempting to meet these needs, noting on newsprint or chalkboard* main points. *Hereinafter only newsprint will be mentioned with the understanding that the teacher will utilize whichever is available/works best.	SAME AS FOR 1.1.1 MATERIALS Newsprint and felt-tip pens OR Chalkboard and chalk.
1.2.1 ask learners to write a description of the type of person they feel would qualify for this job. Discuss descriptions. Distribute to the learners copies of the Learner Information Sheets listed in the resource column for this strategy.	APPENDIX: Job description, p. II-A3. APPENDIX: Overview of the vocation, p. II-A4. APPENDIX: Working as a member of the helping professions' team, p. II-A6.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 understand the duties, responsibilities, and limits of the vocation of Home Helper in Aging Services. (Cont'd)	1.2 describe the duties, responsibilities, and limits of a Home Helper. (Cont'd)
2 recognize career alternatives in the field of aging, or related fields, available to a trained Home Helper.	2.1 identify the career positions available in working with the aging and the skills/training required for each.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.2.1 (Cont'd) Job Description (appendix, p. II-A3); Overview of the Vocation (appendix, p. II-A4); Working as a Member of the Helping Professions Team (appendix, p. II-A6); The Enabler Role (appendix, p. II-A8); The Independence-dependence Balance (appendix, p. II-A9). Review with the learners the Job Description (appendix, p. II-A3) and Overview of the Vocation (appendix, p. II-A4). Clarify as needed. After the learners have read Working as a Member of the Helping Professions Team (appendix, p. II-A6); The Enabler Role (appendix, p. II-A8), and The Independence-dependence Balance (appendix, p. II-A9) clarify the meaning and implication needs. Conclude discussion by referring back to the description learners had written at beginning of this strategy, noting the qualification of a person who wants to become a Home Helper. They might want to add, delete, emphasize differently now.	APPENDIX: The enabler role, p. II-A8. APPENDIX: The independence-dependence balance, p. II-A9.
1.2.2 divide the learners into small groups. Provide each group with copies of the Job Description (appendix, P. II-A3) and the Overview of the Vocation (appendix, p. II-A4). Ask each group to focus their discussion on a particular section of the Job Description (appendix, p. II-A3), the Overview of the Vocation, (appendix, p. II-A4) and the additional relative appendix item. They should be prepared to report to the full group on their section. Allow about 20 minutes. Lead a discussion on the reports of each group. Allow 15 minutes, answering any questions or clarifying as needed.	Same as for 1.2.1
2.1.1 Hand out copies of the Career Ladder (appendix, p. II-A1). Explain the ladder and the training needed for each position to the learners. Answer any learner	APPENDIX: Career ladder, p. II-A1.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2. recognize career alternatives in the field of aging, or related fields available to a trained Home Helper.	2.2 identify other career fields in which skills of the Home Helper could be utilized and the additional skills/training that might be required.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 2.1.1 (Cont'd) questions. Give a local example of career opportunities. Emphasize the skills of a Home Helper that transfer to other aging services jobs. (For background information see teacher resources listed in References and Resources columns for 1.1.1).	COMMUNITY RESOURCES Senior Citizens Center, Director Nursing Home Director/Social worker Welfare Worker
2.2.1 lead the group in a brainstorming session to identify other career positions in which the skills of the Home Helper can be utilized. (For background information use teacher resources identified in References and Resources and *Educational Framework* (appendix, p. II-A2).	BOOKS 2 *Homemaker health aide training manual*. 6 *Working with older people, vol. 1. The practitioner and the elderly*. COMMUNITY RESOURCES Same as for 2.1.1 plus Visiting Nurses Association,(Child Care Center Director), Community Mental Healh (mental retardation worker). APPENDIX: *Educational framework*, p. II-A2.
2.2.2 hand out the *Educational Framework* (appendix, p. II-A2). Lead a discussion on the responsibilities/duties of these other jobs and the additional skills/training they might require.	Same as for 2.2.1

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

*1 Spear, M. The guide for in-service training for developing services for older persons. (DHEW Publication No. (OHD) 74.200667). Washington, D.C.: U. S. Government Printing Office, 1974.

2 Homemaker health aide service-training manual. (DHEW Publication No. (OHD) 74-20103). Washington, D.C.: U. S. Government Printing Office, 1974.

3 Papers on vocational home economics education-consumer and homemaking education-occupational home economics. Washington, D.C.: U. S. Department of HEW, Office of Education, Division of Vocational and Technical Education, Program Services Branch, 1971.

*4 Resources of people 65 or over. (S.S. Publication 1-71 5-71). Washington, D.C.: U. S. Government Printing Office, 1971.

*5 1971 White House conference on aging report: Toward a national policy on aging, 2 vols. (DHEW publication SD 1762-0069). Washington, D.C.: U. S. Government Printing Office, 1972.

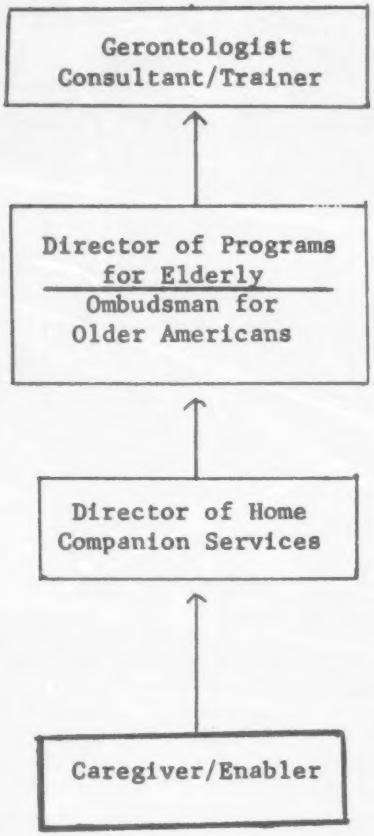
*6 Working with older people, vol. I: The practitioner and the elderly. (DHEW Publication No. HRA 74-3116). Washington, D.C.: U. S. Government Printing Office, 1974.

PAMPHLETS

*7 Facts about older Americans 1975. (DHEW Publication No. (OHO) 75-20006). Washington, D.C.: U. S. Government Printing Office, 1975.

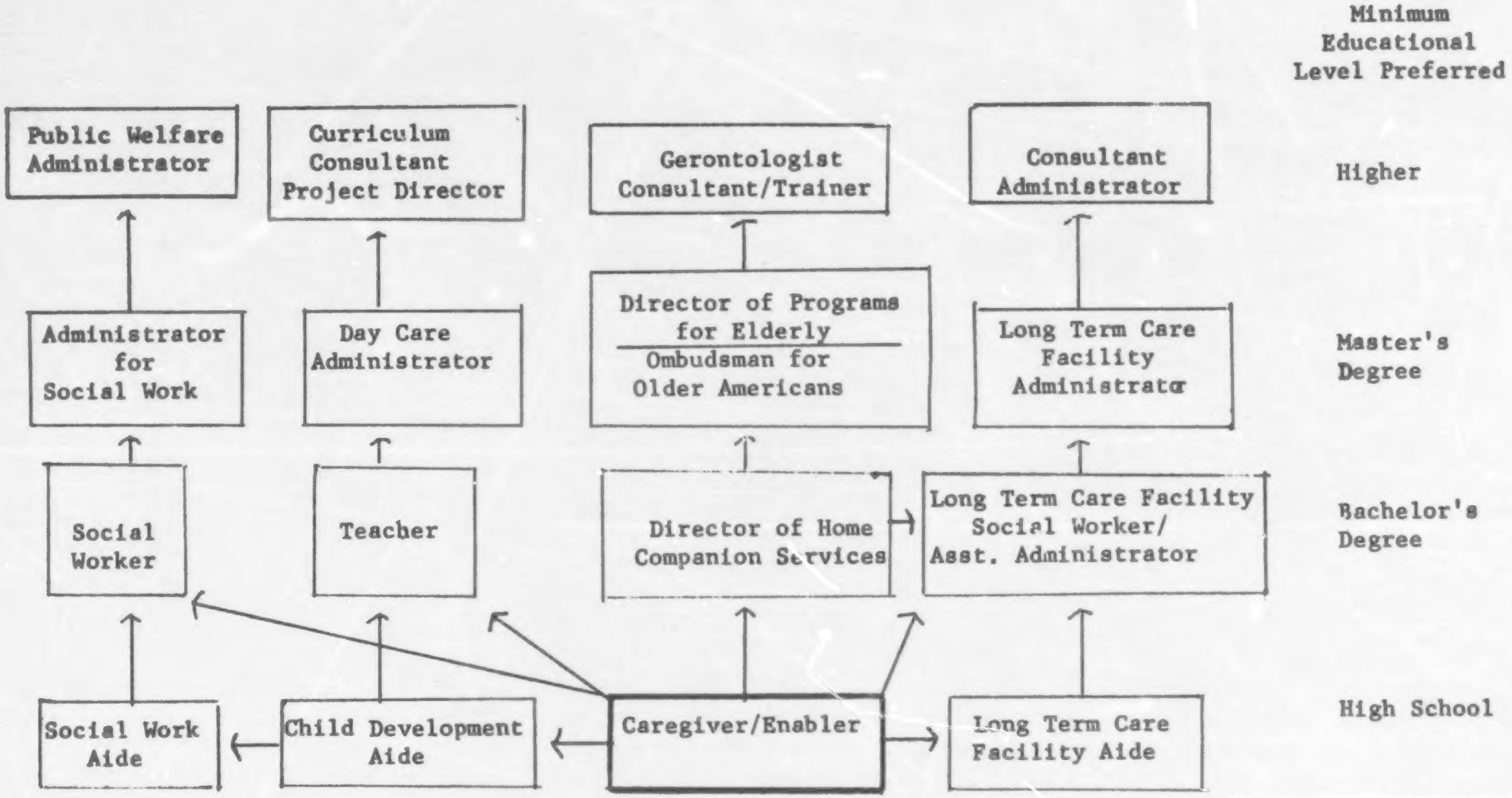
*Key resources

CAREER LADDER: AGING SERVICES FOR INDEPENDENT LIVING


Gerontologist
Consultant/Trainer
Director of Programs for Elderly
Ombudsman for Older Americans
Director of Home Companion Services
Caregiver/Enabler

Module II
Appendix A
Strategy 2.1.1

EDUCATIONAL FRAMEWORK OF CARE AND INDEPENDENT LIVING SERVICES FOR AGING


Minimum Educational Level Preferred
Public Welfare Administrator
Curriculum Consultant Project Director
Gerontologist Consultant/Trainer
Consultant Administrator
Higher
Administrator for Social Work
Day Care Administrator
Director of Programs for Elderly
Ombudsman for Older Americans
Long Term Care Facility Administrator
Master's Degree
Social Worker
Teacher
Director of Home Companion Services
Long Term Care Facility Social Worker/ Asst. Administrator
Bachelor's Degree
Social Work Aide
Child Development Aide
Caregiver/Enabler
Long Term Care Facility Aide
High School

JOB DESCRIPTION

The Home Helper in aging services is a trained worker who performs homemaking services and gives personal care in the home where an older person or family cannot meet these responsibilities. The home companion works under the supervision of the older client, the older client's family, or a professional person or organization through which the service is contracted.

The functions of a Home Helper are:

1. To give personal care to the older person to help provide and maintain physical and emotional comfort, and to assist the older person toward independent living;
2. To assist the older person in the management of the home in a safe and economical manner;
3. To assist the older person in personal grooming, cleanliness, and sanitation;
4. To insure a proper diet which meets the nutritional needs of the older person;
5. To assist the older person in carrying out directions of health personnel;
6. To seek out community and other resources which will enable the older person to maintain a dignified and purposeful lifestyle;
7. To perform all duties and responsibilities in a legal and ethical manner, keeping uppermost the rights and responsibilities of the older person.

OVERVIEW OF VOCATION

Broad Scope of Duties

Home Helpers are an important part of the helping professions' team that is working to ensure older people a dignified, purposeful life with as much independence as possible in each particular situation, thereby preventing institutionalization and a waste of human resources. Because Home Helpers perform their jobs alone in the elderly person's home, rather than in a nursing home, retirement village or hospital, their job responsibilities cover a broader range of activities than a nurses-aide, a social director of a nursing home, a dietitian, an orderly or housekeeper. Home Helpers are involved with a cross section of job tasks: menu planning, home management, personal and health care, etc. Home Helpers work in these different roles much the way a member of the elderly's family would be if that were possible.

Limits to Responsibility

There are, however, limits to the types of responsibilities the elderly and their families can expect Home Helpers to assume. Home Helpers are not dietitians, nurses, maids, or social workers. Home Helpers should not be expected to plan special menus to meet dietary/health needs of an older person. Nor should Home Helpers be expected to administer medications to the elderly in their care. Home Helpers can, and should work with and under the guidance of the appropriate professionals in the community to meet the particular needs of a client. Home Helpers can be expected to prepare meals that have been planned by a dietitian for the older person with special dietary/health needs. Also, Home Helpers can be expected to see that the elderly take their medications as prescribed. And Home Helpers might be willing to be trained or supervised by a physician or nurse to administer some medication in special situations where family members have traditionally been allowed to be so trained and supervised (e.g., insulin or allergy shots). Home Helpers, and those who employ them, should be aware of these types of limits to a Home Helper's responsibilities and the referral sources for the Home Helper must be clearly identified. This is an intrinsic part of the employment agreement.

Underlying Goals

There are two major goals that underlie all other duties and responsibilities. The first is to help the client maintain an independent, dignified life. This goal is to support the older person's staying in charge of his own life up to the moment of death (or until mental disability makes the older person a danger to himself/others). The second goal of the Home Helper is to function effectively as an enabler, i.e., one who makes it possible for needs to be met, either by one's own effort or by making use of others' strengths and resources. For example, the Home Helper should work with the Older American to plan menus in accordance with the guidelines of the physical/nutritionist when appropriate, and should communicate accurate observations of any behavior or changes on the part of the client with all the needed information. (Learner's Appendix, The Independence-Dependence Balance, The Enabler Role, Working as a Member of the Helping

Professions' Team, all deal with these responsibilities in greater detail). The support of independence and the role of enabler are interwoven in all parts of the Home Helper's training.

Summary

The Home Helper is the member of the helping professionals' team that acts as a supplement to (or stand-in for) the family of the Older American. The Home Helper serves as a symbol of the community's caring concern for its older citizens. The Home Helper needs to be flexible within the framework of the limits of their responsibilities. The underlying goals of the Home Helper's job are to support maximum independence on the part of the elderly client and to enable client needs to be met.

Module II
Appendix A
Strategy 1.2.1
1.2.2

WORKING AS A MEMBER OF THE HELPING PROFESSIONS' TEAM

The Home Helper, while working alone in the home with the elderly person, is not really alone. He is a part of a team of people in the helping professions.

The helping professions are those that provide human services. They include, but are not limited to, physical and mental health needs, social and recreational needs, nutritional needs, economic and legal needs, homemaking and personal care needs. Within these professions are persons of different levels of training and experience all of whom should work together as a team essential to adequately meet the many needs people have.

In the field of aging the Home Helper is an important part of the team seeking to meet the needs of elderly persons. Other team members the Home Helper is most likely to deal with in many situations are as follows:

- physician
- nurse
- dietitian
- mental health worker
- welfare worker
- lawyer
- personnel of agencies specializing in programs for the elderly

More than any other team member the Home Helper will spend the most time with the elderly person on a regular basis. Because of the large amount of regularly scheduled time the Home Helper spends with the elderly person, she is the team member who can best assess the changing condition/needs of the elderly and alert other team members to these changes. Also, the Home Helper will be the one who can help the older person get new services from that part of the team not previously needed. The unique place of the Home Helper on the team requires that a Home Helper be familiar with all of the other team members and the services they offer. It also means that in each situation the Home Helper needs to find out from other team members what types of information they need to enable them to do a good job. (If the client is a diabetic, both the dietitian and physician will need the Home Helper to look for certain types of physical, behavioral, eating/sleeping habit changes. If the client has high blood pressure, other things will be most important to watch for).

This type of cooperation will enable each member of the team to perform his job that much better and thus the services received by the older person will more truly meet their particular needs.

Sometimes the elderly client will have a lot of needs that must be met by services of many different professionals and agencies. To avoid confusion and to insure adequate communication between and among the other professionals/agencies, the Home Helper may need to help coordinate the efforts of the rest of the team. Again, it is such coordinated cooperative efforts of the helping professionals that will more adequately meet the particular needs of each elderly client than is possible if each professional/agency is operating alone.

Summary

The Home Helper does not really work alone but as a part of a team. The Home Helper is an important part of that team. The Home Helper's observations for and communications with the other team members help the other professionals do a better job. Also, in some cases the Home Helper helps to coordinate the services of the rest of the team of helping professionals.

Module II
Appendix A
Strategy 1.2.1
1.2.2

THE ENABLER ROLE

One of the responsibilities underlying all other duties and responsibilities of the Home Helper is that of being an enabler. An enabler is one who makes it possible for things to get done and needs to be met. An enabler does not necessarily do everything or meet all needs herself. The role of the enabler includes the following:

a) assessment of the situation
b) identification of existing strengths and ways to build on them
c) identification of other resources to meet client needs, and
d) starting the process of putting available strengths to work to meet client needs.

In some situations in which a Home Helper might be placed there will be so many needs that there is no way one person can meet them all no matter how talented and versatile, nor how much time he has on the job. In some situations (usually due to financial reasons) the Home Helper will be employed only on a part-time basis and so will not have the time to meet all of the needs herself. In yet other instances, the Home Helper may lack a particular talent or skill that is needed for that client (e.g., cannot drive; does not read or write; is partially sighted; etc.). A Home Helper who can function effectively in the role of enabler can usually see that someone else or an agency meets the client needs in any of the above situations. Community resources/agencies, the older person himself, his family members or friends, volunteer groups, etc., are all potential resources that the enabling Home Helper can tap in seeing that all needs are met.

The knowledge of common problems of aging, sensitivity to individual differences, the ability to observe and to interview will all help the Home Helper to assess the client's needs. Knowledge of community resources, informal as well as formal, agency resources and respect for the talents, wisdom and strengths of the elderly person himself will assist the Home Helper in identifying ways of meeting needs. The ability to utilize all of the human relation skills and to function as a part of a team of helping professionals will make it easier for the Home Helper to start the processes of matching resources to needs. The Agreement form can be a useful tool in all of these steps. Knowledge of the legal and ethical concerns will help to insure that the Home Helper is acting appropriately throughout the process.

Summary

The Home Helper should not always expect to be able to meet all of the client needs. One of the basic goals of all the Home Helpers' duties is to enable client needs to be met - whether it is through the Home Helper's own efforts or through the use of resources. Throughout this process, the Home Helper is striving to meet the other basic goal of the Home Helper's job: to help the elderly person to achieve maximum independence.

THE INDEPENDENCE-DEPENDENCE BALANCE

Any relationship between two persons has a mixture of dependence and independence. In some relationships, such as that between a mother and an infant. one person is almost totally dependent upon the other person. In other relationships there is a balance of independence and dependence between the two persons. This is the goal of most adult relationships. Both persons recognize that at certain times or in certain circumstances, one person is more dependent on the other while at other times or in other circumstances roles are reversed and the other person becomes more dependent, (e.g., when one is under pressure at work the other one takes over some tasks and gives extra emotional support or when one is sick, the other can be counted on to be there and take care of things, or one is good at and enjoys keeping up with the car maintenance while the other knows nothing about it and does not care to learn about cars but does know about fixing the plumbing, etc.). One of the main purposes of the Home Helper - Client relationship is to enable greater independence on the part of the elderly person and prevent dependence upon a nursing home or other institution. The paradox is that the older person must be dependent on the Home Helper to some extent to achieve this independence.

Helping Build on Independence

A potential threat to a good balance between independence and dependence in the Home Helper - Client relationship is the fact that the Home Helper's is a helping vocation: helping can encourage dependence upon the helper. One reason this can happen is because we all enjoy the idea that we are important to someone, that someone needs us and the help we can provide to make that person's life more pleasant. This is a normal human response. One should not feel guilty if one enjoys this feeling of being depended upon, but it should be kept in perspective. When not kept in perspective, the feeling of enjoying being depended upon can become so important that one can perform one's duties and conduct one's relationships in such a way that the sense of dependence is increased as time passes.

Because the basic philosophy leading to the establishment of the role of the Home Helper is the fostering of independence, Home Helpers will have to be constantly aware of this objective and work for the development of a sense of balance between independence and dependence in the relationship with the older person. If the client is capable of doing things alone. the Home Helper should constantly strive to encourage self help.

Studies in nursing homes have shown that sometimes a resident will refuse to feed himself because by so doing he makes it necessary for an aide in the nursing home to sit there and feed him. The objective of this behavior, the studies show, is to keep from eating alone. If the Home Helper is alert to this type of behavior, it will soon become obvious that eating with the older person during meals will encourage sufficient independence so that the older person will feed himself. This is a good example of a properly achieved balance between dependence and independence. One is participating in a social/emotional dependence of the older person on the Home Helper for companionship during the meal. At the same time one is encouraging the physical independence of the elderly person in the self-feeding process.

Exercise is important to all of us. If the elderly client who is otherwise capable, refuses to get out of the chair to change the TV channel and instead asks the Home Helper to change it, the Home Helper should encourage the client to leave the chair so that he might benefit from the exercise. Performing the chore for the older person only insures the sense of dependence on the Home Helper and permits the client to sit in the chair while his muscles continue to become weaker and weaker from lack of use.

There will be some situations in which a Home Helper might find herself where the concern will be to encourage the older person to be dependent upon the Home Helper without a loss of pride or self-esteem. An older person who has always been very independent and self-sufficient frequently has difficulty with the fact that the particular way he is aging requires accepting help from someone else. To this type of person being dependent upon another person means that she is now a less valuable, less worthwhile person. The Home Helper's task here is twofold. One is to adapt the environment so that the older person can continue to do as many things for himself as is safe. The other is to help the older person continue to feel respected and valuable despite some limitations on their activities and the need to depend on others for help in some areas.

For example, a very independent man, a widower, who has always prided himself on his ability "to pull himself up by his own bootstraps" suffers a severe stroke that leaves his right arm and hand nearly useless. Being right-handed this severely limits his ability to cook for himself safely, dress himself, shave himself, or take care of his own correspondence/business affairs. Rather than just taking over all of the cooking, a Home Helper can help him to learn how to do things with his left hand, rearrange the kitchen so that he can get to the essentials by himself, help plan meals that are nutritious but require minimum effort to prepare, and cook up some dishes for him in quantity, freezing in portions and containers that he can manage to heat for himself. By involving him in all of the decisions, dealing with his physical limits in a matter-of-fact way, helping him to learn new ways of doing for himself and treating him with respect throughout, the Home Helper can enable the man to be somewhat physically dependent upon the Home Helper while maintaining a high degree of personal/emotional independence.

Using Dependence to Move Toward Independence

In some situations the Home Helper will find a person who is so overwhelmed with all of their problems that they seem unable to make decisions or act on their own behalf independently. Frequently these cases require the Home Helper to demonstrate a willingness to be dependable, to reassure the older person that the Home Helper will take care of some things without the older person needing to do much of anything himself. As the Home Helper makes some changes for the better in the situation of the older person, the older person then begins to feel that other changes are possible. With encouragement from the Home Helper, the older person then starts to take on some responsibilities for herself.

For example, an older woman does not have enough to eat, has cataracts and can barely see, has a stack of unpaid bills and uncashed social security checks and cannot keep herself and her house clean. The woman tells the Home Helper that she might as well die, there are just too many problems and the Home Helper won't stay anyway. The Home Helper is paid to come only two hours a day, five days a week but she begins to get the house clean, to help the woman keep herself clean and groomed and arranges for Meals on Wheels to be delivered regularly. After several weeks of good nutrition and feeling better about herself because she is clean and neat most of the time, and knowing that the Home Helper is dependable (i.e., worthy of trust) and will not abandon her, the woman agrees to let the

Home Helper call a visiting nurse to come see about possible qualifications for surgery on her eyes. After the visit, the nurse finds that the woman will be able to have surgery. Then the woman asks the Home Helper to get a stronger light and a magnifying glass and help her with her business affairs. It was through growing dependence upon the Home Helper that the woman was able to keep her fears about surgery and her finances under control enough to begin to act more independently on her own behalf. This set the stage for achieving a better balance of independence-dependence in the Home Helper-Client relationship.

The Need to be Needed

All persons need to feel needed by others. Needed for what they can do for, give to, or mean to others. Or to say it another way, we need to give as well as receive. As an older person loses some of their ability to be independent and must rely on others to help them, to be dependent, they need to feel there are others to whom they can give and who will be dependent upon them. A Home Helper can help the client find his own talents, strengths and resources that he can give to others. This can be indirect exchange for the help she is receiving as a form of barter. For example, a woman who can no longer drive herself to church but who still knits or crochets beautifully can work out with a fellow church member who does drive, an exchange of rides to church regularly for a knitted/crocheted item. Or the older person can feel needed because of the regular phone calls and visits he makes to a bedridden friend. When a person gives to others or trades talents and skills, independence is enhanced. This enhanced sense of independence frees him to accept with more grace than would be otherwise possible the visits from a younger man, a volunteer who comes to shave him regularly. In both of these examples the older person feels a balance within his/her own life between dependence and independence - between receiving and giving help.

Summary

The Home Helper's job is to help and to be dependable, i.e, to be one who can be depended upon. But one of the main goals of the Home Helper's job is to help the client achieve maximum independence. This seems like a contradiction, but it is not. Instead it reflects the nature of all human relationships - there is a mixture of both independence and dependence. A Home Helper strives to find the balance between independence* and dependence that is right for each particular client at each point in time in the relationship between the Home Helper and the older American.

---

*For more on independence, see Module V, Appendix A , Independence, The Plea of the Elderly, p. V-A1.

GET-ACQUAINTED EXERCISE 5

Purpose:

1. To enable learners to share some of their perceptions of aging and the role of a caregiver for the aging.
2. To enable learners and teacher to get to know each other better.

Materials:

Newsprint and markers, or chalk and chalkboard.

Time:

Approximately one hour.

1. Beginning with the teacher and moving to the right, pair off the group. Each pair will then take turns telling their partners their name, age, and why they are interested in working with the elderly. (Approximately five minutes).
2. Pairs join into groups of four. Each person in the first pair introduces the partner to the new pair using information shared in the preceding period. Then each person in the group of four shares with the other what they fear most about getting old and what they look forward to about being sixty-five or older. (Approximately fifteen minutes).
3. If there are enough learners in the class, groups of four will join into groups of eight.[1] Repeat introduction procedures from groups of four. One person from each group of four will report on what persons feared about old age. Another person will report what persons look forward to in old age. The groups will choose a reporter and discuss (1) what they think are the biggest problems for the elderly and (2) what they think a caregiver for the elderly can do to help with these problems. (Approximately fifteen minutes).
4. All the learners come back together. The introduction procedures are repeated with the entire group. Reporters then give summaries of group discussions to the whole group.
5. Teacher notes main points on newsprint or chalkboard and facilitates discussion. Summary of discussion is run off to be distributed to class during Module III.

---

[1] If group is too small to do this, follow the procedures with the entire group.

GET-ACQUAINTED EXERCISE 6

Purpose:

1. To enable learners to share some of their perceptions of aging and the role of a caregiver for the aging.
2. To enable learners and teachers to get to know each other better.

Materials:

fresh grapes and raisins,

OR fresh and dried apples,

OR fresh plums and dried prunes.

You will need enough of each item for half the group. Also, you will need newsprint and a bold felt marker, or chalkboard and chalk.

Time:

Approximately 40 minutes.

1. Divide group into pairs and have learners introduce themselves to each other, telling their name, age, why they are interested in working with the elderly, and what bothers them most about caring for older persons. (Approximately ten minutes).
2. Give each pair one grape and one raisin (or fresh and dried counterparts of other fruits). Instruct each pair to view the fresh fruit as a small child, under three years of age, and the dried fruit as an elderly person, over seventy-five years of age. They are to "get acquainted" with each of their children and elderly; to find any distinguishing marks or characteristics on each; to discuss the needs of each; and to suggest what a caregiver/attendant for each would need to know to meet their needs. (Approximately fifteen minutes).
3. Bring the full group back together. Each person introduces the partner to the entire group. Each pair reports on their child and elderly, their special characteristics and needs. The teacher lists the things reported on the chalkboard or newsprint. Each group then reports on what a caregiver would need to or to be able to meet those needs. Teacher lists those things reported. The entire group discusses the parallels and differences in needs of children and elderly and of their respective caregiver/attendants.

DEVELOPMENT OF CAREER LADDER AND LATTICES

A review of the literature relating to occupations reveals that there is no established career ladder for the job skills represented by the caregiving/enabler competencies evidenced by the Home Helper. The Occupational outlook handbook describes the career development of the "Private Household Workers" as one in which there are no formal educational requirements, nor specific vocational preparation. It further states "Advancement other than wage increase is generally not available. . . ."[1] This career ladder and lattices diagram is created, therefore, from the deliberations of an advisory council made up of a co-director of center for studies in aging, a gerontologist, a gerontological researcher, home economists, child care specialists, and representatives of elementary, secondary and higher education, of continuing adult education, and manpower training. This ladder is projected for a vocation which is emerging in response to identified needs in human services.

EDUCATIONAL ADVANCEMENT FRAMEWORK

The career lattice(p. II-A2) shows in the right-hand column the type of formal education usually associated with career advancement. In the real world, there are of course, variations and exceptions to this framework. This is especially true in the field of gerontology as it is an emerging vocation.

There are persons practicing in the field without the precise academic training who are there because there was a need, they cared and were able to make use of many self and informal training experiences to get the knowledge and expertise they now have. Some of these persons will probably be community resources you utilize throughout the course. Your learners should be made aware of both the direction the career field is moving educationally and the realities of the situation today.

INTERFACE WITH INSTITUTIONAL CARE

As one goes up the two career ladders in aging services, independent living and institutional care, the career positions are shown to be parallel. However, there is a need for a greater comprehensiveness of the skills on the part of those working in the independent living stream of services, than is needed by those working in the institutional settings. In an institutional setting, there is at hand a team of professionals and para-professionals, each with specific skills and knowledge that any member of the team can call upon when needed. In the home setting, one person is called upon to do some of many of the jobs delegated to separate people in an institution. The training for those with careers in independent living services is the more comprehensive of the two. Therefore, someone trained as a Home Helper could work as a Long Term Care Facility Aide with minimal orientation to the facility. However, an institutional aide would need additional training to be a Home Helper.

---

[1] U.S. Department of Labor. Occupational outlook handbook (1972-73 Edition); Washington, D.C.: U.S. Government Printing Office, 1973, pp. 356-358.

Another important ramification of the greater comprehensiveness of the Home Helper's training, as designed in this curriculum, is that parts of it can be utilized to train persons who work in institutional care. For example, a nursing home housekeeper could be trained with Modules II, IV, and VII. Modules II, IV, V and VIII could be used in the training of aides and orderlies. Key parts of the Home Helper training could be utilized in training volunteers in aging services or in such human service programs as Title VIII Nutrition programs, information and referral, telephone reassurance, etc.

III UNDERSTANDING AGING

COMPETENCIES AND OBJECTIVES

The learners will be able to:

1. Demonstrate understanding of and sensitivity to the physical, psychological, and socioeconomic characteristics of aging.
    - 1.1 Identify the myths of aging and recognize one's own feelings about the aging.
    - 1.2 Distinguish the myths about sex among the elderly and recognize their feelings toward these myths as well as the realities.
    - 1.3 Identify the physical, psychological, and socioeconomic changes of the aging process and demonstrate sensitivity to the emotional impact of these changes on the elderly and their family, friends and caregivers.
    - 1.4 Recognize and describe the signs of the death process, and identify the emotional impact of death on the elderly as well as their family, friends and caregivers.
    - 1.5 Demonstrate awareness of the ways one's own feelings about the aging process and death might affect one's performance on the job as a Home Helper.
2. Demonstrate understanding of and sensitivity to individual differences in aging Americans due to personal ethnic or cultural reasons.
    - 2.1 Recognize basic types of cultural, ethnic, and personal differences in aging Americans and one's own feelings about these differences.
    - 2.2 Demonstrate awareness of ways one's feelings about these differences might affect one's performance on the job as a Home Helper.

CONTENTS FOR: III UNDERSTANDING AGING

Page

COMPETENCIES AND OBJECTIVES III-2

CONTENTS FOR UNDERSTANDING AGING III-3

DIRECTIONS TO THE TEACHER III-5
  Orientation to Module III III-6
  Evaluation of Module III III-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES III-11

REFERENCES. III-41
  Books. III-41
  Pamphlets. III-43
  Periodicals. III-43

RESOURCES III-44
  Films. III-44
  Filmstrips III-45
  Records. III-45

APPENDIX A: LEARNER INFORMATION SHEETS

  Stereotypes and Myths About Aging. III-A1
  Perspectives on Myths of Aging III-A2
  Sexual Attitudes Case Histories. III-A4
  Games III-A13
  Social and Emotional Adjustments: Middle-Aged Children and Elderly Parents. III-A19
  Attitudes Toward Death Questionnaire III-A22
  Death Attitudes Case Histories III-A33
  Personal/Cultural Differences Case Histories III-A38
  Prose Poetry Selections:
    Love and Old Age. III-A44
    General Attitudes Toward Aging. III-A49
    Religious Perspectives on Aging III-A64
    Death and Dying III-A69

APPENDIX B: TEACHER INFORMATION SHEETS

  Background on Sexual Attitudes III-B1
  Death Education. III-B2
  Value Clarification: Death Attitudes III-B4
  Value Clarification: Personal Differences III-B7
  Warm-Up Exercise 1 . . . . III-B9
  Warm-Up Exercise 2 . . . . III-B10
  Audio Visual Discussion Guides (Films):
    Aging III-B11
    The Art of Age. III-B13

Page

The Day Grandpa Died III-B15
Death. III-B16
How Could I Not be Among You?. III-B17
Inside and Outside III-B19
Just a Little Time III-B21
May Your Years Be Long in This Beautiful Place III-B22
Making Retirement Constructive III-B24
Nell and Fred. III-B26
Other People Make Me Feel Old. III-B27
The Priory Method. III-B30
Raisin Wine. III-B32
The String Bean. III-B33
Trigger Films. III-B35
Until I Die. III-B38
Where Old Age Begins III-B40

Audio Visual Discussion Guides (Filmstrips):

Perspective on Aging: Implications for Teaching III-B42
Perspective on Aging: Myths and Realities III-B43
Perspective on Aging: Physical Changes and Their Implications. III-B44
Perspectives on Death Series III-B46
Getting Through: A Guide to Better Understanding of the Hard-of-Hearing III-B47

III UNDERSTANDING AGING

DIRECTIONS TO THE TEACHER

This Module contains the information on aging that Home Helpers will need to perform their job responsibly. It is hoped that the written resources for the teacher will provide the teacher who does not have a lot of prior expertise in this area a good basic background from which to teach the course. In almost every community there are persons available who have expertise in gerontology. They can serve as excellent resources to the teacher as the course is being designed and strategies selected. They can also be utilized as a classroom resource for the teacher to provide a richer, more in-depth experience for the learners.

It is important that the learners become acquainted with general facts about all aspects of the aging process. However, once on the job, they will be working not with the "average" Older American, but rather with a particularly unique human being who will in some ways fit the "norm" but will not in others because of their individuality.

Therefore, the strategies provide alternative ways that the teacher can enable the learners to get acquainted with a variety of individual older persons in their own community. The teacher will need to utilize local agencies/resources to help locate older persons who would work well in the strategy chosen.

Then the teacher will need to interview these older persons and discuss their responsibilities as resource persons with them so that the teacher and the older person can come to a mutual agreement on their participation. Older Americans chosen should be persons who are willing to share, insofar as they are comfortable, their own experience, knowledge and feelings with the learners. They will, thereby, serve as "assistant teachers" and can be a valuable resource to the teacher as the course develops. This status of "assistant teacher" should be made clear to both learners and older Americans. The strategies provide two ways these older Americans can be utilized.

1) as resource persons/panel members who come into the classroom;

2) as resource persons paired, one to one, with each learner who the learners will visit in their own home or local nursing home.

Regardless of the method utilized, it is important that the older Americans understand fully what type of sharing of knowledge, and experiences will be needed so they will feel comfortable with their role in agreeing to participate. It should be stressed to the older Americans and learners alike, that at no time will the elderly be expected or pressured to share feelings they are not comfortable revealing. Such a refusal to share should be accepted and respected with no sense of "failure" attached.

One precaution. It is easy to either emphasize the problems and deteriorations in the aging process, or to present aging as the perfect stage of life, a time when all of one's fantasies and dreams of earlier years can be realized. Old age is neither all black nor all gold. It is experienced in as many diverse ways as there are people to experience it. It is hoped that you will try to keep a balance in your teaching. For example, when you have helped the learners experience some of the limitations many elderly must cope with, and they seem discouraged and apprehensive about growing old and facing these limitations themselves, you will help them regain their perspective and find things that they value in life that could still be enjoyed and appreciated, or ways that the limitations can be dealt with in a constructive, life-enriching manner.

ORIENTATION TO MODULE III

Purpose:

1. To continue trust building started in the Orientations to the course and in Module II.
2. To enable learners and teacher to feel more comfortable sharing feelings.
3. To enable learners to become more sensitive to their perceptions about aging.
4. To gather more information on learners' knowledge, strengths, and needs to help the teacher to plan for other parts of the course.

Setting the Stage:

Before the class meeting, make a poster utilizing the following quotation by Plutarch:

> "The measure of a man's life is the well-spending of it, and not the length."

Materials Needed: Poster, newsprint and felt-tip markers, pre-assessments for Modules V and VI, pencils, and paper (or tapes) and materials required by warm-up exercise chosen.

Procedures:

The teacher will begin the period by commenting on any poems, articles, etc., brought in by learners. Then utilize either Warm-up Exercise 1 or 2 (pp. III-B9, III-B10) explaining purpose of exercise before starting. On the basis of the discussion in the warm-up Exercise make a composite "profile" of this group of learners' views of aging and the elderly.

Explain that at the start of Module III they will be looking at some of the commonly-held myths of aging and will refer to this profile at that time.

Administer pre-assessments for Modules V and VI explaining again about the purpose of the assessments in competency-based training.

Lead the class in a discussion of the quotation on the poster. The discussion should include, but not be limited to, the following:

1. How learners feel about the idea expressed by Plutarch.
2. Do they feel that it is fact or a value judgement? Why?
3. How do they think the idea might relate to them as persons, as learners, as Home Helpers?

Tell learners objectives of Module III and go over with them outline of strategies to be utilized to reach objectives.

EVALUATION OF MODULE III

Purpose:

1) To determine if the objectives of Module III have been met by each learner.

2) To continue the process of enabling each learner to look at himself objectively and set goals for improvement and recognize his own strengths.

Setting the Stage:

Provide a place for private, individual conferences (see suggestions in Module II Evaluation, p. II-6).

Materials Needed:

Post test for Module III, pencils and paper (or tapes).
Phrase Association Questions completed in the Orientation to the Course.

Procedures:

Begin by passing out the Phrase Association Questionnaires each learner completed during the Orientation to the Course. Give the learners a few minutes to look over their answers and then ask the learners in a discussion of how their answers would or would not change if they were completing it now and why?

Administer the Post Assessment for Module III being sure to explain its purpose and provide any learner with a reading problem with a way to do the post test (see Learners with Special Needs, p. I-B33 and Directions to the Assessments p. I-29 for suggestions).

Have learners individually write (or tape) a summary of:

a. Feelings they now have about aging and elderly persons including those who are different from themselves, and working with them in a Home Helper's role.

b. Feelings they have about death and how they plan to deal with these feelings.

c. Areas they feel they need more information on, or which they need more help in resolving their own feelings before they become a Home Helper.

In private, individual conferences held with each learner, utilize the results of the post test and these summaries to determine if she has met each objective of Module III. If a learner has not accomplished all of the objectives of this Module, plan with her how she can meet the objective(s), and when another joint evaluation will take place. Write up a summary of the conference, to be placed in the learner folder and signed by both teacher and learner that includes the following:

Objectives attained;

Objectives not attained, plans for their attainment;

Any other particular needs and strengths of the learner.

Note: If the curriculum is being team-taught, the teacher for the next Module needs to be introduced at the beginning of the evaluation process, and to sit in on one of the conferences to insure continuity.

CHECKLIST FOR BEHAVIORAL EVIDENCE OF COMPETENCY

IN UNDERSTANDING AGING

Each of the following are critical objectives that lead to the projected competency. As the student is able to give evidence of the particular skill, the instructor can validate the performance.

______ ______
date initial

A. Sensitivity to the physical, psychological and socioeconomic characteristics of aging:

1. Recognize one's feelings about aging and the aged as relates to job of Home Helper. Examples:

____

____

____

______ ______

2. Recognize one's feelings about sex as relates to job of Home Helper. Examples:

____

____

____

______ ______

3. Demonstrate sensitivity to the emotional impact of changes of aging process on oneself and the aging person. Examples:

____

____

____

______ ______

4. Demonstrate awareness of ways one's feelings about aging and death might affect one's performance on the job as a Home Helper. Examples:

____

____

____

______ __________

B. Personal/Cultural differences:

1. Recognize one's own feelings about people who are different from oneself. Examples:

____

____

____

______ __________

2. Demonstrate awareness of ways one's feelings about cultural/personal differences of a client might affect one's job performances as a Home Helper. Examples:

____

____

____

______ __________

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.1.1 show filmstrip (or film) on the facts of aging and lead a discussion on common misunderstandings about aging and the elderly. Compare facts of aging with class "profile" developed in the orientation to this module. Note on profile those things that are fact, myth or reflect value judgements. Refer learners to written materials that will provide additional information. Stereotypes and Myths About Aging (appendix p. III-A1), Perspectives on Myths of Aging (appendix p. III-A2), Aging (appendix p. III-B11), Where Old Age Begins (appendix p. III-B40), and Perspective on Aging: Myths and Realities (appendix, p. III-B43).	BOOKS 3 Care of the nursing home patient, ch. 6. 34 Working with older people, vol. I, The practitioner and the elderly, ch. 1. 27 Basic concepts of aging: A programmed manual. 7 A good age. 4 Why survive? Being old in America. PAMPHLETS 37 Facts and myths about aging. FILMS 54 Where old age begins FILMSTRIPS 57 Perspectives on aging: Myth and realities. APPENDIX: Stereotypes and myths about aging, p. III-A1. APPENDIX: Perspectives on myths of aging, p. III-A2. APPENDIX: AVDG: Aging, p. III-B11. APPENDIX: AVDG: Where old age begins, p. III-B40. APPENDIX: AVDG: Perspectives on Aging: Myths and realities, p. III-B43.
1.1.2 if using Older American resource person strategy assign each learner an Older American resource person who they will visit regularly throughout the rest of the course. Facilitate first visit.	Same as for 1.1.1

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.1 identify the myths of aging and recognize one's own feelings about the aging. (Cont'd)
	1.2 distinguish the myths about sex among the elderly and recognize their feelings toward these myths as well as the realities.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.1.3 provide learners with written materials on the facts/myths of aging for them to take home to read. Give lecture on basic facts about aging and the common misunderstandings about the elderly. Allow time for questions and answers. Play songs and lead a discussion on them. During discussion, note on "profile" the class developed in the orientation strategy those things that are fact, myth or reflect value judgements.	RECORDS 66 Old friends. 65 Bookend theme. 62 Folks don't kiss old people anymore.
1.1.4 In advance of this day, ask learners to bring to class an object that symbolizes old age.* Each learner shares the object with the rest of the class and explains why it is representative of old age. There is no discussion until all have made their presentation. Lead a discussion on the various objects and reasons for the symbolism. During this discussion the teacher presents facts about Older Americans and aging and points out common misunderstandings, referring to the "profile" the class developed in the orientation strategy. The teacher provides learners with pamphlets and facts, etc., on the aging process, when appropriate. *Teacher will have brought in two or three as examples.	Same as for 1.1.1 Objects symbolizing old age
1.2.1 present facts about sex* and aging. Also, point out many common myths generally held about sex and older persons. Utilize Prose-poetry selection (appendix p. III-A44-48) in your presentation. Lead a class discussion on sex and aging. Focus on the learner's feelings/reactions to the information gained in the lecture. *If learners are high school students, teacher may want to have a discussion about sex in general before proceeding with strategy.	BOOKS 30 Sound sex and the aging heart 15 Successful aging: The facts and fallacies of growing old. 22 The pleasure bond: A new look at sexuality and commitment. APPENDIX: Prose-poetry selection: Love and old age, p. III-A44-48.
Divide the class into small groups. Provide each group with a situation they might be involved in as a Home Helper in which their own feelings about, and understanding of, the sex needs of older Americans would	

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.2 distinguish the myths about sex among the elderly and recognize their feelings toward these myths as well as the realities. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.2.1 (Cont'd) be important. Sexual Attitudes Case Histories (appendix, p. III-A4-12). For background information, utilize Background on Sexual Attitudes (appendix, p. III-B1). Have each group report on their situation and discussion. Allow time for questions and answers and larger group discussion after each report. Summarize information and discussion of the day, noting main points on newsprint. Relate it to learning of 1.1.1 - 1.1.4. Have the reporter from each small group share the results of their discussion with the entire group while using newsprint to post the main ideas of the report. Ask resource persons to respond to reports and leave time for further questions and answers/discussion. If necessary, use Sexual Attitude Case Histories (appendix p. III-A4-12) to facilitate discussion.	APPENDIX: Sexual attitudes case histories, 1-10, pp. III-A4-12. APPENDIX: Background on sexual attitudes, p. III-B1. MATERIALS Newsprint and felt-tip pens.
1.2.2 play the song, I'll Hold You in my Arms When I Get Home. Lead a class discussion about beliefs about sex in the lives of elderly persons. Invite a physician/gerontologist/geriatric nurse to discuss with the class the realities of sex in the elderly. If possible, also invite an elderly person who is willing to discuss this. You might want to have them utilize some of the Prose-Poetry Selections (appendix p. III-A44-48) as a springboard for the discussion. Identify from the discussion myths about sex for the elderly. Relate this discussion to the discussion held on myths in general. Divide the class into small groups for discussion about how their own feelings about sex can have an impact on job performance. Have each group identify a reporter. Teacher and resource persons will serve as facilitators.	Same as for 1.2.1, plus RECORDS 63 I'll hold you in my arms when I get home. 62 Folks don't kiss old people anymore. COMMUNITY RESOURCES Physician who works with elderly Nurse who works with elderly Social worker who works with elderly Gerontologist American Medical Association Nursing Home University/College Welfare Department APPENDIX: Prose-poetry selections: Love and old age, p. III-A44-48.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.3 identify the physical, psychological and socioeconomic changes of the aging process and demonstrate sensitivity to the emotional impact of these changes on the elderly and their family, friends and caregivers.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES

The teacher will:

1.3.1 lecture to the class on the major physical, psychological and socioeconomic changes which occur in aging. Utilize teacher resources to develop lecture. Select film(s) from identified alternatives in Teacher Resource column which illustrate these changes and lead a class discussion on each, utilizing the appropriate audio-visual guide.

Lead a discussion of the group on book summaries, focusing on the feelings they as caregivers had while reading the selections.

Explain to learners the goals of the sensitizing strategies. Utilize the sensitizing strategies from each of the sections on vision, hearing, touch, dexterity, taste, smell, mobility and balance out of the manual, Sensitizing People to the Process of Aging: The In-service Educator's Guide, and A Guide to Better Understanding of the Hard-of-Hearing. Have the class participate in these exercises, being sure that each learner has the opportunity to experience the role of the caregiver. Do not force any particular handicap on any learner, but rather allow each a choice in what handicap they will experience. After the exercises are complete, lead the class in a discussion of their feelings in each role. Were they frustrated, angry, confused, impatient? Did they feel embarrassed or guilty? Want to retreat? Strike out? Give up?, etc.

Summarize experiences, discussions of this objective. List on newsprint similarities/differences in feelings about the aging process on the part of the aged and their caregivers.

Provide class with written materials on the aging process from Prose-Poetry Selections (appendix, p. III-A49-68) for their resource folder.

Take class on a field trip to a nursing home or a senior-citizen day-care center.

BOOKS

3 Care of the nursing home patient, ch. 6 and 28.

8 Sensitizing people to the process of aging.

34 Working with older people, vol. 1, The practitioner and the elderly.

35 Working with older people, vol. 2, Biological, psychological, and sociological aspects of aging.

FILMS

40 May your years be long in this beautiful place, p. III-B22.

45 The art of age, p. III-B13.

46 Inside and outside, p. III-B19.

49 Other people make me feel old, p. III-B27.

50 The Priory method, p. III-B30.

52 Trigger films, p. III-B35.

54 Where old age begins, p. III-B40.

FILMSTRIPS

56 Perspective on aging: Implications for teaching, p. III-B42.

58 Perspective on aging: Physichanges and their implications, p. III-B44.

60 Getting through: A guide to better understanding of the hard-of-hearing, p. III-B47.

APPENDIX: Prose-poetry selections: General attitudes toward aging, p. III-A49-63.

APPENDIX: Prose-poetry selections: Religious perspectives on aging, p. III-A64-68.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.3 identify the physical, psychological and socioeconomic changes of the aging process and demonstrate sensitivity to the emotional impact of these changes on the elderly and their family, friends and caregivers. (Cont'd)

SUGGESTED STRATEGIES

The teacher will:

1.3.1 (Cont'd)

Upon return from the field trip, lead a discussion on what the learners saw, making a list in each category of the signs of aging they observed.

Have each learner write a profile of their Older American resource person to (1) share with the group through discussion, and (2) keep in their resource folder. (Profiles should not contain any "private" information and should use fictitious names).

As learners share their profiles, the teacher should lead class in a discussion of how the Older Americans described themselves, noting especially references to or avoidance of mentioning, the physical, psychological or socioeconomic changes of aging.

Facilitate visits with Older American resource persons. Provide a class discussion about (1) the feelings they experienced during the field trip the day before, and (2) the feelings about themselves that were revealed by their Older American resource persons. In advance of this time, ask one learner to read All the Years of Her Life and another to read A Figure of Speech.

Divide the class into four groups. Provide each group with several prose-poetry selections from Prose-Poetry Selections (appendix, p. III-A44-69), (and any other articles, short stories, cartoons, etc., class members may have brought in to share). Ask each group to discuss impact of aging on the Older American, their family/friends. Each group should be prepared to share a summary of their discussion with the entire group.

Have groups present summaries. Allow time for questions and answers. Have learners who read books to present a summary of each. Allow time for questions and answers.

REFERENCES AND RESOURCES

BOOKS

3 Care of the nursing home patient, ch. 6 and 28.

34 Working with older people, vol. 1, The practitioner and the elderly.

35 Working with older people, vol. 2, Biological, psychological, and sociological aspects of aging.

2 46 national leaders speak out on options for older Americans.

33 Older Americans: Special handling required.

5 Geriatrics: A study of maturity, ch. 1-4, 6-9, 16, 17.

32 Guide for in-service training for developing services for older persons, Appendix 5.

18 All the years of her life.

21 Criminal victimization of the aged in Texas.

23 A figure of speech.

24 Aging in America: Implications for employment.

31 Aging in America: Implications for society.

36 Working with older people, vol. III: The aging person: Needs and services.

APPENDIX: Prose-poetry selections: p. III-A44-69.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.3 identify the physical, psychological and socioeconomic changes of the aging process and demonstrate sensitivity to the emotional impact of these changes on the elderly and their family, friends and caregivers. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.3.1 (Cont'd) Have learners read and discuss Games (appendix, p. III-A13-18), and Social and Emotional Adjustments: Middle-Aged Children and Elderly Parents, (appendix, p. III-A19-21).	APPENDIX: Games, p. III-A13-18. APPENDIX: Social and emotional adjustment: Middle-aged children and elderly parents, p. III-A19-21. PERIODICALS 38 Coping: The aged in small town, U.S.A. 39 Secrets of how to live longer.
1.3.2 divide the class into three groups. Assign groups to: physical changes, psychological change or socioeconomic change. Each group will prepare a report that is responsive to the needs of the class. The groups will use pamphlets, articles, appendix items, and films which are made available as resources to the class. The teacher serves as a facilitator/resource person to each team as they gather information and prepare reports. Reports should be developed to meet the needs of the class and should specify films or articles that the entire group can experience.	Same as for 1.3.1 Reports developed by learners.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.3 identify the physical, psychological and socioeconomic changes of the aging process and demonstrate sensitivity to the emotional impact of these changes on the elderly and their family, friends and caregivers. (Cont'd)

SUGGESTED STRATEGIES

The teacher will:
1.3.2 (Cont'd)

Develop a panel of five to seven persons. Panel members will include persons who work with the elderly, and elderly persons. The panel will hear group reports along with the entire class and respond to them with questions and additional information. Panel members might be:

a. Physician/geriatric nurse
b. Psychologist/psychiatrist/psychiatric social worker specializing in treatment of elderly.
c. Social worker, welfare worker, senior services assistant.

d. Gerontologist, director of programs for elderly in services or institutions.

Show films requested by the group in their reports and lead discussion on each.

Provide learners with copies of the reports and any articles or pamphlets requested by the reports.

Reassemble the panel as resource persons to discuss the emotional impact on the elderly, on their family and friends, of the physical, psychological and socioeconomic changes of the aging process.

Facilitate a group discussion integrating insights from the panel and learnings of the entire group.

Select one pair of resource persons from the panel to work with each individual group to explore in depth the emotional impact on the Home Helper of physical, psychological and socioeconomic changes in their aging client.

Help each group identify the primary feelings, in themselves and the elderly of which the Home Helper should be aware. Have group utilize sensitizing strategies from each of the sections on vision, hearing, touch, dexterity, taste, smell,

REFERENCES AND RESOURCES

Panel members such as Physician, geriatric nurse, psychologist, psychiatrist, psychiatric social worker, social worker, welfare worker, senior services assistant, gerontologist, director of programs for the elderly

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.3 identify the physical, psychological and socioeconomic changes of the aging process and demonstrate sensitivity to the emotional impact of these changes on the elderly and their family, friends and caregivers. (Cont'd)
	1.4 recognize and describe the signs of the death process, and identify the emotional impact of death on the elderly as well as their family, friends and caregivers.

SUGGESTED STRATEGIES

The teacher will:

mobility and balance out of the manual, Sensitizing People to the Process of Aging: The In-service Educator's Guide, and Getting through: A Guide to Better Understanding of the Hard-of-Hearing.

Have each group design a situation to be role-played to illustrate some of these feelings. (Teacher will serve as a facilitator/resource person for each group).

Have each group present their role play. Lead a discussion after each. Identify on newsprint the primary feelings each group identifies and lead a discussion, looking for any similarities or differences in feelings as they relate to each of the three topics as well as any similarities or differences in feelings of the elderly and their caregivers.

1.4.1 have learners complete the Attitudes Toward Death Questionnaire (appendix p. III-A22), going over the directions with them carefully. Divide the learners into small groups to discuss the questionnaire (allow 25 min.). Ask each group to prepare a summary of their discussion to share with the entire group. This should include, but not be limited to the following:

- a. Things group seemed to agree on most.
- b. Things group seemed to disagree on most.
- c. What made most people uncomfortable.
- d. What the group has most questions/doubts about.

Bring group back together for reports and discussion after all the reports have been given. Note on newsprint main points of the discussion. Have learners give you the completed questionnaire. Utilizing References and Resources, explain to learners why an understanding of death, the death process, attitudes toward death, and their own feelings about these matters are important to Home Helpers. Tell them what the rest of the strategies will be.

REFERENCES AND RESOURCES

BOOKS

8 Sensitizing people to the process of aging.

FILMSTRIP

60 Getting through: A guide to better understanding of the hard-of-hearing.

APPENDIX: Attitudes toward death questionnaire, p. III-A22.

Books

5 Geriatrics: A study of maturity, ch. 5.

17 Death: The final stage of growth.

16 On death and dying.

6 How to survive the loss of a love.

9 Death education: Preparation for living.

11 Awareness of death: Preparation for living.

13 Gramp.

14 Facing death, ch. 9.

19 Living and dying.

20 Last rights.

23 A figure of speech.

25 A manual of death education and simple burial.

28 How could I not be among you?

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.4 recognize and describe the signs of the death process, and identify the emotional impact of death on the elderly as well as their family, friends and caregivers. (Cont'd)

The teacher will:

1.4.1 (Cont'd)

Invite a physician/geriatric nurse to present the class information on the death process and signs of death. Leave ample time for questions and answers and discussion.

Establish and conduct a field trip to a morgue or funeral home. Include viewing of a dead person. Have available a professional who can answer learners' questions on the death process and the signs of death and discuss with learners local laws, health regulations regarding funerals. Include in the discussion how involved the family can be in the process of preparing the dead for burial and the burial itself.

Also include what the procedures are in your community if someone dies with no family.

After returning from the field trip lead a discussion on the learners' feelings about seeing a dead person.

Provide learners with selected readings from the resource and references readings in the Appendix on death, grief, funeral procedures, etc.

Show film(s) on attitudes toward death. Lead a discussion on the film(s)' attitudes toward death portrayed by the dying, their families and caregivers and the grief process.

Facilitate visits with Older American resource persons. Help learners discuss with the Older American resource person feelings about death, dying, wills and funerals.

Develop a panel of older persons. Ask the panel members to share with the learners their feelings/perspectives about death, dying, wills and funerals.

36 Working with older people, vol. III, The aging person: Needs and services, ch. 14.

FILMS

53 Until I die, p. III-B38.

44 Death, p. III-B16.

49 Other people make me feel old, sec. 2, p. III-B27.

43 The day grandpa died, p. III-B15

55 How could I not be among you?, p. III-B17.

FILMSTRIPS

59 Perspectives on death series. p. III-B46.

RECORDS

61 Catch a little sunshine.

64 Teach me to die.

APPENDIX: Prose-poetry selections: Death and dying, p. III-A69-77.

APPENDIX: Attitudes toward death questionnaire, p. III-A22-3

APPENDIX: Value clarification: death attitudes, p. III-B4.

COMMUNITY RESOURCES

American Medical Association, local chapter
Nursing Home
Hospital
Funeral Home
Mortician
Morgue
Panel of elderly persons

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.4 recognize and describe the signs of the death process, and identify the emotional impact of death on the elderly as well as their family, friends and caregivers. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES

The teacher will:

1.4.2 Divide the class into small groups. Have the groups share with each other insights learned in visits with Older American resource persons or from panels and in readings. Have half of the small groups discuss experiences each has had with death of family or friends. Each group will explore the reactions of the person dying and those around him both before and after the death occurs. Have the other half discuss the feelings about death expressed in selected prose-poetry (appendix p. III-A69) and the records.

Have each group report. Facilitate a discussion of the reports noting main points on newsprint. Show other film(s) on death. Utilize audio-visual guides: The Day Grandpa Died (appendix, p. III-B15); Death (appendix, p. III-B16); How Could I Not be Among You? (appendix, p. III-B17); Other People Make Me Feel Old (appendix, p. III-B27), and/or Until I Die (appendix, p. III-B38). Facilitate a discussion of them focusing on ways caregivers and/or family were able to help the dying and grieving persons because of their own attitudes toward death.

Have several class members role play the following situations:

a. The Home Helper of an elderly person is informed by the attending physician that their charge is terminally ill, and then the Helper must go to visit with that person.

b. The Home Helper of an elderly person must inform the family that the elderly person is about to die.

MATERIALS
Newsprint and felt-tip pens
Pencils for learners

Same as for 1.4.1

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.4 recognize and describe the signs of the death process, and identify the emotional impact of death on the elderly as well as their family, friends and caregivers. (Cont'd)
	1.5 demonstrate awareness of the ways one's own feelings about the aging process and death might affect one's performance on the job as a Home Helper.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.4.2 (Cont'd)	
c. The Home Helper enters the room of the elderly person in his care to feed her lunch and discovers his charge is dead.	
d. The Home Helper is with the elderly person at the time of death.	
e. The Home Helper must tell the older person that a member of her family or a friend has died.	
Follow each role play with a discussion focused on the feelings of persons involved and of those watching. For role plays 'c' or 'd', also discuss the signs of death portrayed.	
Lead the class in two of the Value Clarification: Death Attitudes Exercises (appendix, p. III-B4).	APPENDIX: Value clarification: Death attitudes exercises, p. III-B4.
Provide learners with the questionnaire, Attitudes Toward Death Questionnaire (appendix, p. III-A22) to complete again. When they are finished, return to each the original questionnaire he completed. Give them time to compare their answers. Lead class in a discussion of the changes in understandings and attitudes about death, the death and grief processes, funerals, etc., they have experienced.	APPENDIX: Attitudes toward death questionnaire, p. III-A-22.
Summarize the entire learning experience related to this objective.	
Provide learners with additional resources as needed to enable each to reach competency on this objective.	
1.5.1 divide the learners into groups of 5 or 6 each. Give each group one of the Death Attitudes Case Histories (appendix, p. III-A33-37) to discuss and come to a consensus on what one should do in the situation. Bring entire group together and have each report on their case. Facilitate a discussion on each utilizing value clarification techniques when appropriate. Then divide learners into the same small groups	Same as for 1.4.1, plus FILMS 47 Just a little time, p. III-B21. APPENDIX: Death attitudes case histories, 1-5, p. III-A33 -37.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 demonstrate understanding of and sensitivity to the physical, psychological and socioeconomic characteristics of aging. (Cont'd)	1.5 demonstrate awareness of the ways one's own feelings about the aging process and death might affect one's performance on the job as a Home Helper. (Cont'd)
2 demonstrate understanding of and sensitivity to individual differences in aging Americans due to personal, ethnic or cultural reasons.	2.1 recognize basic types of cultural, ethnic and personal differences in aging Americans and one's own feelings about these differences.

SUGGESTED STRATEGIES

The teacher will:

1.51 (Cont'd)

again. Ask each group to develop three or four short role plays. Each should show the consequences on the job if a Home Helper is not aware of his own feelings about the aging processes or death. The teacher should act as facilitator for each group. Have each group present all their role plays. Provide a little time at the end of each for the learners to write down reactions to the role play and main points they want to recall for discussion to be held later.

When all of the role plays have been presented, lead the learners in a discussion of them. Note main points on newsprint. Include in the discussion specific learnings about aging and death, learners have experienced which will help them on the job as Home Helpers. Focus primarily on feelings and attitudes.

Summarize.

2.1.1 invite older representatives of the different cultural and ethnic groups in the community to speak to the class. (If at all possible, have two representatives from each ethnic/cultural group to get varied perspectives). Have each representative present information to the learners on their cultural/ethnic groups which will be helpful to a Home Helper. Information should include, but not be limited to, such things as the following:

a. diet
b. approach to body space
c. feelings about touching
d. roles of sexes in culture
e. role of parents, children, elderly in culture
f. religious customs
g. clothing
h. resources within that community's ethnic/cultural groups the Home Helper could utilize to gain insights into a particular situation/concern on the job.

REFERENCES AND RESOURCES

MATERIALS
Props for role play.

BOOKS

26 Toward a national policy on aging, vol. 2 , pp. 145-197.

29 Aging, an album of people growing old.

33 Older Americans: Special handling required.

APPENDIX: Value clarification: Personal differences, p. III-B7.

APPENDIX: ADVG: Inside and outside, p. III-B19.

APPENDIX: AVDG: May your years be long in this beautiful place, p. III-B22.

APPENDIX: AVDG: The art of age, p. III-B13.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 demonstrate understanding of and sensitivity to individual differences in aging Americans due to personal, ethnic or cultural reasons. (Cont'd)	2.1 recognize basic types of cultural, ethnic and personal differences in aging Americans and one's own feelings about these differences. (Cont'd)
	2.2 demonstrate awareness of ways one's feelings about these differences might affect one's performance on the job as a Home Helper.

SUGGESTED STRATEGIES

The teacher will:

2.1.1 (Cont'd)

Allow plenty of time for questions, answers and discussion. When appropriate, supplement with information on other cultural groups in the U. S. (e.g., rural/urban/oriental, etc.) from resources in the appendix. Encourage learners to ask questions relevant to ways cultural/ethnic differences might affect how the Home Helper would handle specific tasks, (e.g., menu planning, assisting with personal care, planning social and recreational activities, etc.).

Throughout discussion, note major points on newsprint. Have visitors and learners participate in value clarification: Personal/Cultural Differences Case Histories (appendix, p. III-A38-43). Facilitate a discussion of the exercise. Encourage participants to share the feelings they had while engaged in the exercise. Focus on ways differences could be strengths or hindrances depending upon one's approach to them. Relate learnings of this exercise to learnings in first part of strategy dealing with specific ethnic/cultural differences.

Summarize.

2.2.1 show two or more of the films. Utilize them as a base for discussion in differences in values, culture among people who comes from another cultural background or value system. Utilize appropriate audiovisual discussion guide.

Divide the class into small groups. Provide each with one of the Personal/Cultural Differences Case Histories (appendix, p. III-A38-44). Ask each group to discuss their case and come to a consensus on how it could be resolved. Have each group report on their case and facilitate a discussion of each. Redivide the learners into the same small groups. Ask each to develop a role play on ways a Home Helper not being aware of a sensitivity to cultural/value/personal differences might

REFERENCES AND RESOURCES

COMMUNITY RESOURCES

RSVP (Retired Seniors Volunteer program)

Welfare Department

Local organizations that represent local minorities, e.g., Black Chamber of Commerce, etc.

Local churches that represent large membership of local minority group

Local library

MATERIALS

Newsprint and felt-tip pen

APPENDIX: Personal/cultural differences case histories, p. I A38-43.

FILMS

45 The art of age, p. III-B13.

41 Making retirement constructive, p. III-B24.

48 Nell and Fred, p. III-B26.

47 Other people make me feel old, p. -B27.

42 Raisin wine, p. III-B32.

51 The string bean, p. III-B33.

APPENDIX: Personal/cultural differences case histories, p. III-A38-44.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 demonstrate understanding of and sensitivity to individual differences in aging Americans due to personal, ethnic or cultural reasons. (Cont'd)	2.2 demonstrate awareness of ways one's feelings about these differences might affect one's performance on the job as a Home Helper. (Cont'd)

SUGGESTED STRATEGIES

The teacher will:

2.2.1 (Cont'd)

affect the Home Helper-client relationship. (Encourage use of cultures in your area). Serve as a facilitator for each group. Have learners present their role plays and facilitate a discussion of each. Note main points on newsprint. Focus primarily on feelings and attitudes.

REFERENCES AND RESOURCES

MATERIALS

Newsprint and felt-tip pens
Props for role plays

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

1 Abrams, A.J. Aging in America: Implications for state policy and the aging. Washington, D.C.: National Countil on Aging. 1976.

2 Abrams, M., & Robinson, B. 46 national leaders speak out on options for older Americans. Washington, D.C.: National Retired Teachers Association of Retired Persons, 1971.

*3 Brichener, P. W. Care of the nursing home patient. New York, New York: Harper and Row Publishers, 1975.

*4 Butler, R. N. Why survive? Being old in America. New York, New York: Harper and Row Publishers, 1975.

*5 Caldwell, E., & Hegner, B. R. Geriatrics: A study of maturity. Albany, New York: Delmar Publications, 1975.

*6 Colgrove, M., Bloomfield, H. H., & McWilliam, P. How to survive the loss of a love: 58 things to do when there is nothing to be done. New York, New York: Simon and Schuster, 1976.

*7 Comfort, A. A good age. New York, New York: Crown Publishers, Inc., 1976.

*8 Ernst, M., & Shore, H. Sensitizing people to the process of aging: The in-service educator's guide. Denton, Texas: The Center for Studies in Aging, North Texas State University, 1975.

9 Green, B. R., & Irish, D. P. (Eds.). Death education: Preparation for living. Cambridge, Massachusetts: Schenkman Publishing Co., 1971.

10 Havighurst, R. J. Aging in America: Implications for education. Washington, D.C.: National Council on Aging, 1976.

11 Irish, D. P. Awareness of death: Preparation for living. Philadelphia, Pennsylvania: Friends General Conference, 1976.

12 Jackson, M., & Wood, J. L. Aging in America: Implications for the black aged. Washington, D.C.: National Council on aging, 1976.

*13 Jury, M., & Jury D. Gramp. New York, New York: Grossman Publishers, 1976.

14 Kavanaugh, R. E. Facing death. Baltimore, Maryland: Penguin Books, 1972.

15 Knopf, O. Successful aging: The facts and fallacies of growing old. New York, New York: Viking Press, 1975.

*16 Kubler-Ross, E. On death and dying. New York, New York: The Macmillan Publishing Co., 1969.

*Key Resources

*17 Kubler-Ross, E. Death: The final stage of growth. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1975.

18 Lawrence, J. All the years of her life. New York, New York: Harcourt Brace Jovanovich, Inc., 1972.

19 Lifton, R. J., & Olson, E. Living and dying. New York, New York: Praeger Publishers, Inc., Bantam Books, 1975.

20 Manners, M. Last rights: A case for the good death. New York, New York: American Library, Inc., Signet Books, 1975.

21 Martin, C. A., & Reban, A. S. Criminal victimization of the aged in Texas. Denton, Texas: North Texas State University, University Center for Community Services, 1976.

22 Masters, W. H., & Johnson, V. E. The pleasure bond: A new look at sexuality and commitment. Boston, Massachusetts: Little, Brown and Company, 1974.

*23 Mazer, N. F. A figure of speech. New York, New York: Dell Publishing Company, Inc., 1975.

24 Meier, E. L. Aging in America: Implications for employment. Washington, D.C.: National Council on Aging, 1976.

*25 Morgan, E. (Ed.). A manual of death education and simple burial. Burnsville, North Carolina: The Cleo Press, 1975.

26 1971 White House conference on aging report: Toward a national policy on aging, vol. 2 (DHEW Pub. No. (SD) 1762-0069). Washington, D.C.: U.S. Government Printing Office.

*27 Rich, T. A., & Gilmore, A. S. Basic concepts of aging: A programmed manual (DHEW Pub. No. (OHD) 74-20274). Washington, D.C.: U.S. Government Printing Office, n.d.

28 Rosenthal, T. How could I not be among you? New York, New York: George Braziller, Inc., Venture Books, 1973.

29 Saul, S. Aging: An album of people growing old. New York, New York: John Wiley and Sons, Inc., 1974.

30 Scheingold, L. D., & Wagner, N. N. Sound sex and the aging heart. New York, New York: Behaviorial Publications, Inc., 1974.

31 Setlow, C. Aging in America: Implications for society. Washington, D.C.: National Council on Aging, 1976.

32 Spear, M. The guide for in-service training for developing services for older persons (DHEW Pub. No. (OHD) 74-20667). Washington, D.C.: U. S. Government Printing Office, 1974.

*Key Resources

*33 Tiven, M. B. Older Americans: Special handling required. Washington, D.C.: National Council on the Aging, 1971.

*34 Working with older people, vol. I: The practitioner and the elderly (DHEW Pub. No. (HRA) 74-3116). Washington, D.C.: U. S. Government Printing Office, 1974.

*35 Working with older people, vol. II: Biological, physiological, and sociological aspects of aging (DHEW Pub. No. (HRA) 74-3117). Washington, D.C.: U. S. Government Printing Office, 1974.

*36 Working with older people, vol. III: The aging process: Needs and services (DHEW Pub. No. (HRA) 74-3118). Washington, D.C.: U. S. Government Printing Office, 1974.

PAMPHLETS

37 Facts and myths about aging. Washington, D.C.: National Council on Aging, 1976.

PERIODICALS

38 Heltsley, Mary E. Coping: The aged in small town, U.S.A. Journal of Home Economics. Washington, D.C.: American Home Economics Association, September 1976 (pp. 46-50).

39 Overholser, R. V., & Randolph, E. Secrets of how to live longer. Family Circle, October 1976 (pp. 84, 90-91).

RESOURCES

FILMS

40 American Association of Retired Persons. May your years be long in this beautiful place. 215 Long Beach Blvd., Long Beach, California 90801: Author, n.d. (Black/white, rental, 16mm, 30 min).

41 American Association of Retired Persons. Making retirement constructive. 215 Long Beach Blvd., Long Beach, California 90801: Author, n.d. (Black/white, rental, 16mm, 13 min).

42 American Association of Retired Persons. Raisin wine. 215 Long Beach Blvd., Long Beach, California 90801: Author, n.d. (Color, rental, 16mm, 15 min).

43 BFA Educational Media. The day grandpa died. 2211 Michigan Avenue, P.O. Box 1795, Santa Monica, California 90406: Author, n.d. (Color, rental, 16mm, 11½ min).

44 Filmakers Library. Death. 290 West End Avenue, New York, N.Y. 10023: Author, n.d. (Black/white, rental, 16mm, 43 min).

45 Gerontological Film Collection, North Texas State University Main Library. The art of age (MP641). Denton, Texas 76203: Author, n.d. (Color, rental, 16mm, 27 min).

46 Gerontological Film Collection, North Texas State University Main Library. Inside and outside (MP521). Denton, Texas 76203: Author, n.d. (Black/white, rental, 16mm, 29 min).

47 Gerontological Film Collection, North Texas State University Main Library. Just a little time (MP653). Denton, Texas 76203: Author, 1973. (Color, rental, 16mm, 22 min).

48 Gerontological Film Collection, North Texas State University Main Library. Nell and Fred. Denton, Texas 76203: Author, n.d. (Black/white, rental, 16mm, 29 min).

49 Gerontological Film Collection, North Texas State University Main Library. Other people make me feel old (MP655). Denton, Texas 76203: Author, n.d. (Color, rental, 16mm, 30 min).

50 Gerontological Film Collection, North Texas State University Main Library. The priory method (MP604). Denton, Texas 76203: St. Mary's Prior Extended Care Hospital, 1973. (Color, rental, 16mm, 20 min).

51 Gerontological Film Collection, North Texas State University Main Library. The string bean (MP652). Denton, Texas 76203: Author, n.d. (Black/white, rental, 16mm, 17 min).

52 Gerontological Film Collection, North Texas State University Main Library. Trigger films (MP560). Denton, Texas 76203: Author, 1971. (Color, rental, 16mm, 14 min).

53 Gerontological Film Collection, North Texas State University Main Library. Until I die (MP 505). Denton, Texas 76203: Author, 1970. (Color, rental, 16mm, 30 min).

54 Gerontological Film Collection, North Texas State University Main Library. Where old age begins (MP508). Denton, Texas 76203: Author, 1970. (Black/white, rental, 16mm, 30 min).

55 Horizons in the Life Cycle, Inc.. How could I not be among you? 290 West End Avenue, Suite 1A, New York, N.Y. 10023: Author, n.d. (Color, rental $35, purchase $350, 16mm, 30 min).

FILMSTRIPS

56 Concept Media. Perspective on aging: Implications for teaching (3). 1500 Adams Avenue, Costa Mesa, California 92626: Author, 1974. (Color, rental, with record/script, 15 min).

57 Concept Media. Perspective on aging: Myths and realities (1). 1500 Adams Avenue, Costa Mesa, California 92626: Author, 1974. (Color, rental, with record/script, 13 min).

58 Concept Media. Perspective on aging: Physical changes and their implications (2). 1500 Adams Avenue, Costa Mesa, California 92626: Author, 1974. (Color, rental, with record/script, 18 min).

59 Concept Media. Perspectives on death series. 1500 Adams Avenue, Costa Mesa, California 92626: Author, 1974. (Color, rental, with record/script, 15 min each filmstrip).

60 Zenith Radio Corporation. Getting through: A guide to better understanding of the hard-of-hearing. 6501 West Grand Avenue, Chicago, Illinois 60635: Author, 1971. (Color, rental, with record, 33½ min).

RECORDS

61 Edwards, Deanna K. Catch a little sunshine, Peacebird. Los Angeles, California Zip: Teleketics Franciscan Communications Center, 1974.

62 Edwards, Deanna K. Folks don't kiss old people anymore, Peacebird. Los Angeles, California Zip: Teleketics Franciscan Communications Center, 1974.

63 Edwards, Deanna K. I'll hold you in my arms when I get home, Peacebird. Los Angeles, California Zip: Teleketics Franciscan Communications Center, 1974.

64 Edwards, Deanna K. Teach me to die, Peacebird. Los Angeles, California Zip: Teleketics Franciscan Communications Center, 1974.

65 Simon & Garfunkle. Bookend theme, Bookends Album. New York, New York Zip: Columbia Records, 1969.

66 Simon & Garfunkle. Old friends, Bookends Album. New York, New York Zip: Columbia Records, 1968.

STEREOTYPES AND MYTHS ABOUT AGING*

1. MOST OLDER ADULTS ARE INSTITUTIONALIZED:
   Fewer than 6% actually live in any kind of institutional setting. Fewer than 10% ever spend any time in institutions, and about 14% are incapacitated in their own homes.

2. MOST OLDER ADULTS ARE LONELY AND ISOLATED FROM FAMILY AND FRIENDS:
   Only about 2% are socially isolated in any serious degree.

3. ALONE AND LONELY ARE SYNONOMOUS WHEN APPLIED TO OLDER ADULTS:
   The loneliness most older adults feel is the loneliness for a spouse, their old jobs and their friends who are gone. This does not mean they are lonely for social contact, but rather feel deeply about the losses in their lives.

4. SEXUAL INTEREST DISAPPEARS WITH AGE:
   Sexual interest will diminish, but in the majority of cases does not cease with the advent of age.

5. EXTREME PHYSICAL AND MENTAL DETERIORATION ARE INEVITABLE WITH AGE:
   Some deterioration is inevitable, but it does not need to be extreme. From the age of 25 on, most people lose about 100,000 brain cells a day. This process is slowed by continued mental and physical activity. It is important to remember that there are no diseases of old age only.

6. OLDER ADULTS ALL BECOME RIGID AND DEPENDENT:
   This is not true. In fact, older adults are often more innovative and open than younger people. One reason for this is that older people often have to solve very complex personal problems involved with their existence with a great deal fewer resources (money, job, etc.) than they had when they were younger, and, therefore, turn to new and creative ways of solving them.

7. ALL OLDER PEOPLE WANT IS SERENITY AND TRANQUILITY:
   The oft thought "rocking chair syndrome" is not generally true. Older adults will often portray this concept to younger people because they feel this is what is expected of them. When younger people perceive older people as "old and worn out", they relate to them that way.

8. RETIREMENT BRINGS ABOUT AN EARLY DEATH:
   The facts provided by HEW and various insurance companies do not bear out this myth at all.

9. SERVICES TO OLDER ADULTS ARE ALWAYS BENEFICIAL AND ALTRUISTIC IN NATURE:
   Unfortunately, social policy often provides negative rewards that work against rather than for older people. For example, nursing homes get more money when an older adult is sick than when he is well. Consequently, the root causes of illness are often overlooked and attributed to "senility".

*Adapted from information sheet provided by Denton Retired Senior Volunteer Program, Denton, Texas.

Module III
Appendix A
Strategy 1.1.1
1.1.2
1.1.3

PERSPECTIVES ON MYTHS OF AGING

Robert N. Butler, in his Pultizer Prize winning book, Why survive? Being old in America, sketches a picture of the stereotyped view of all old age in America as follows:

"An older person thinks and moves slowly. He does not think as he used to or as creatively. He is bound to himself and to his past and can no longer change or grow. He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dislikes innovations and is not disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood, caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a lifelong personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind the times. He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, the pleasures of well-being. He has lost his desire and capacity for sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family and to himself."[1]

Butler then goes on to point out that in all stereotypes and myths, there are bits of truth. However, he feels that many of the views of old age currently held represent misunderstandings, confusions, and lack of knowledge as well as outright hostility and prejudice.

His book then looks at these myths in the light of recent gains in the knowledge of the "facts" of aging. He then draws a picture of a more accurate image of aging. It is as follows:

"Older people are as diverse as people in other periods of life, and their patterns of aging vary according to the range they show from health to sickness, from maturity to immaturity, activity to apathy, useful constructive participation to disinterest, from the prevailing stereotype of aging to rich forms of creativity.

Ninety-five percent of older people live in the community and are not institutionalized or in protective settings. Physical illnesses are frequent and often chronic and limiting. This period of life is characterized by complex changes that are multiple, occur rapidly and have profound effects. Some people are overwhelmed. Others can come to accept or substitute for the loss of loved ones, prestige, social status and adverse physiological changes.

---

[1] Robert N. Butler, Why survive? Being old in America. New York: Harper and Row Publishers, 1975, pp. 6-7.

'Old age' and 'brain damage' alone do not account for the changes seen or the modes of adaptation of older people. Diseases, life experience, socio-economic and other forces along with the subjective experience of growing old and approaching death, all interweave to contribute to the picture of old age.

Older people are apt to be reflective rather than impulsive. Having experienced a great deal and having been 'burned often,' they think before acting. Under suitable circumstances, the present remains very much alive and exciting to them; but they also turn to a review of their past, searching for purpose, reconciliation of relationships and resolution of conflicts and regrets. They may become self-centered or altruistic, angry or contrite, triumphant or depressed.

Those old people who are optimistic and resourceful may at the same time be painfully aware of the brevity of life and its tragedies. Optimism is tempered by a more balanced view of the joys and sadnesses of life. The old continue to learn and change in response to their experiences and to human relationships. They are not often overwhelmed by new ideas for they recognize how few of them there are. Many are employable, productive and creative. Many wish to leave their mark through sponsoring the young as well as through ideas and institutions."[2]

Butler feels that the most important thing one needs to recognize is that old people are not a homogenous group. Human personality is unique, and in later life when personality reaches its fullest development, we see these differences most clearly. Butler feels that when one recognizes this basic diversity of old age one can look at special characteristics as tendencies. This perspective allows one to recognize that these late-life characteristics occur frequently enough to be useful in understanding aging, but they are not inevitable and cannot be used to place the old in prescribed roles.

The Home Helper who understands this perspective on the characteristic of aging will be better prepared to recognize the uniqueness of his elderly client and the particular set of needs that that client has.

---

[2] Ibid., p. 408.

Module III
Appendix A
Strategy 1.2.1
1.2.2

SEXUAL ATTITUDES

Case History #1

James Power is a man of about 70 years of age, who looks younger and is very attractive. He grew up in a climate that had strict mores about physical contact between the sexes. For a woman to embrace (hug) a man, put her hand on his arm, or casually put her hand on his leg while sitting side by side were forbidden unless the woman was inviting a sexual relationship. The two women, one in her late twenties, and the other her late thirties, who deliver his meals-on-wheels view these types of gestures merely as signs of friendly affection. Both feel very protective and "daughterly" toward him. They know that he is alone except for their visits, and so have tried to reach out and "touch" him to let him know they care about him as a person. He finds both women sexually attractive, comes from a background that allows affairs and has interpreted their kind of "touching" as an invitation for more direct sexual advances from him.

SEXUAL ATTITUDES

Case History #2

LeRoy Hynes is also in his 70's and comes from a similar background as James Power, with the exception that his wife, Mae, is still alive, though bedridden, and he does not believe in affairs. However, he does enjoy the stimulation and fantasies hugging his meals-on-wheels ladies - or any female who will accommodate - brings him. One of the young women who delivers his meals is in her early 30's, is quite attractive and rather well endowed. LeRoy reminds her a great deal of her own grandfather who died a few years ago and she hugs him each visit. She has become aware of the fact that recently when she hugs LeRoy before departing, he holds onto her longer and squeezes the sides of her breasts with his arms. She was first embarrassed, then shocked and is now outraged.

SEXUAL ATTITUDES

Case History #3

Bill White is in his late 60's. He comes from a very strict religious background in which any physical contact between persons of the opposite sex except those socially acceptable (e.g., handshake, a man taking a lady's arm to help her across the street, a pat on the shoulder from one good friend to another, etc.) is forbidden. The woman, in her early forties, who comes in twice a week to clean his house and assist with his correspondence is a warm, gregarious person who puts her arm around his shoulder and gives him a quick hug, now and then, or when sitting next to him while working on the correspondence will let her leg accidentally press up against his. Bill White is most embarrassed and upset at these types of incidents and will get very cold, formal and critical of something else she's done when it happens.

SEXUAL ATTITUDES

Case History #4

Wilma Jones is a very attractive, recently widowed woman of 68, who looks more like 55. She is in bed with a broken hip and the only people she sees are the Home Helper who comes for 6 hours daily, her daughter who comes every evening and the man who delivers the noon meals-on-wheels. Her father and husband had always been very attentive to her. Secure in her relationship with both of them, she had always unconsciously "flirted" with all men. The man who delivers her meals-on-wheels is a 60-year-old member of R.S.V.P. Since he is the only man she sees currently, she is (unconsciously) flirting with him in a very provocative way. He finds himself quite attracted to her and on the last delivery tried to kiss her while the Home Helper was in the kitchen getting the tray from the day before that was to be returned. Wilma Jones was shocked, slapped him and then succumbed into hysterics.

SEXUAL ATTITUDES

Case History #5

Clara Moore is a woman who is in her late sixties, is pleasingly plump, always neat, and smelling of lilac. She comes from a very strict background that allowed for only minimal and very "proper" physical contact between the sexes. Her meals-on-wheels are being delivered by a young man in his middle twenties who is a graduate student at a nearby university. He has very fond feelings for her because she reminds him so much of a favorite aunt. They both like classical music and have developed a real friendship, as she is the last person on his route and he stays and visits while she eats. He comes from a large, affectionate family. On the last visit he gave Clara Moore a warm "bear hug", a kiss, and a pat on the bottom just before leaving. She has called the meals-on-wheels people and asked that someone else deliver her meals. Her Home Helper, who comes in every afternoon, knows that she is genuinely upset at the thought of not being able to visit with him and discuss music any more.

SEXUAL ATTITUDES

Case History #6

Louise Smyth and Paul Jackson are both widowed and retired. They had known each other when they were younger and recently became reacquainted at a class reunion. Their friendship began again where it had left off over 40 years before. They have visited each other and corresponded with one another. Louise lives with her son and his family. Both her son and his wife work. Louise is technically blind and the family has had a Home Helper come in for a few hours daily to read to Louise, fix her lunch and help her with her personal affairs. Louise only has her Social Security and a few pieces of furniture that are hers. Paul lives in a small college town, has his own home and a modest retirement income. Paul and Louise are in love and want to live together. For this to be financially feasible, they need to not marry so that Louise will not lose her widow benefits. Louise has tried to discuss the problem with her son and daughter-in-law, but they have not really listened, talking about her relationship with Paul as though it were asexual. The Home Helper arrives to find Louise asking to be taken to the bus station so she can go to live with Paul.

SEXUAL ATTITUDES

Case History #7

Edna and James Mann have just had to give up their own house and move in with their daughter and her family because of financial and health reasons. The house has three bedrooms and also has a den with a sofa bed. There are two children, one boy aged 5, and one girl aged 8. The first week they slept on the sofa bed in the den. Now the daughter wants them to each move in with one of the children as each of those rooms has two twin beds and the family uses the den a great deal, having only a small living-dining-room combination. Edna and James do not want to be separated. Though James has severe arthritis in his knees and hands, and Edna has mild heart trouble, they still enjoy a meaningful and active sex life.

SEXUAL ATTITUDES

Case History #8

Bertha and Ben Franklin have been living in a small apartment with the help of a part-time Home Helper for about a year. Both are technically blind; Ben is also newly deaf and not strong, and Bertha has recently suffered a stroke, leaving her with only minimal speech and has lost the use of her right arm and leg. The family cannot afford to pay the Home Helper to come in full-time to give Bertha the care she will need. The doctors have said that with therapy, Bertha should be able to regain most of her speech, arm and leg use. It is time for Bertha to be released from the hospital. The family wants to put her into a nursing home and have Ben come live with them in the neighboring city. Ben and Bertha do not want to be separated. The strong sexual bond between them is important to each. Ben would like to move into a nursing home with Bertha where they could share a room. This is too expensive.

SEXUAL ATTITUDES

Case Histories 9 and 10*

An elderly person (of either sex) whose spouse died 15 years before has sexual pleasure and release in masturbation since the spouse's death. About six weeks before this episode, financial pressures forced the elderly person to move in with family members where he must share a bedroom with a teenager of the same sex. The only place he has found where he can masturbate occasionally is in the bathroom. The family will not allow anyone to lock the bathroom door for fear someone might have an accident while in the bathroom and need help. The older person thinks he is home alone one afternoon and goes into the bathroom to masturbate. He closes, but does not lock the door. One of the younger children had come home early from school and was at home. She (aged 8) in characteristic childish fashion, bursts into the bathroom without knocking and discovers the grandparent masturbating, and both are embarrassed and upset. When the child tells her parents of the episode, they are shocked.

If a Home Helper was employed in the home, how could she help resolve this conflict? Why or why not? If so, how?

Why do you think the adult child of the older person is shocked to learn the elderly parent masturbates?

How can the problem be resolved now?

How could this situation have been prevented?

---

*Discuss this as though the older person is a man. For Case History #10, discuss it as though the older person is a woman.

Module III
Appendix A
Strategy 1.3.1
1.3.2

GAMES

by

Howard Webber

My name is Eleanor Vernor, and I am an old woman. I live now with my daughter and her husband. Until my daughter came to get me, I was alone in the house where I had passed nearly my entire adult lifetime. In the last of those years, the house had fallen into some disrepair. Paint was needed on all the wood, the windowpanes were loose in their frames because the putty had become brittle and had fallen away, some of the screens had holes in them, and the corner of one of the porches was sinking. But it was not a disreputable house, though it was too big for me, having held at one time, besides me and my daughter, my husband and an aunt of mine whom we had brought to live with us much as my daughter has brought me to live with her. We had altered the house, worn it down and built it up in a thousand ways, and it was a monument to all of us. I had always assumed I would die in it.

I do not remember having lived in any other house. I remember other rooms, particularly from my childhood, but I can only conceive of them as being arranged in the pattern of that house, so that it is as if the furniture, the decoration, and even the placement of the windows and doors had varied but the essential house had always been with me. I believe that if I had ever become blind, my memory would have served for sight, and as I grew older that thought comforted me. And as long as I was able to see, the appearance of the house would have comforted me also, for it suited the way in which I have come to look at the world. One sloughs off many customs and impostures, and the house as well no longer felt it must hide its naturalness or correct every lapse of posture. It was a good house, full of time.

Then Laura decided I was no longer able to live alone, and I have now a single bedroom to myself in her new house that smells of paint and impermanence. I have wondered who it was who told her--the neighbors, perhaps: Mr. and Mrs. Wrigley, whose Saint Bernard yearned to sleep on my porch swing; the Esmonds, whose voices were so loud; Mrs. Britten, whose yardman was always running her mower into the flower bed that edged my property on her side--and I have wondered which one of the embarrassing little incidents it was she learned of. They were all squabbles of one kind or another. The milkman had begun counting out the wrong change for me. The postman had held back my mail. The paper boy had delivered my newspaper or not, as the inclination struck him. And the clerks at the grocery store had amused themselves by playing petty tricks on me, breaking a few of my eggs as they packed the carton in a bag, or speaking so softly I could not hear them. The milkman wanted money, the postman and the newspaper boy convenience, the clerks amusement. To keep me from insisting on justice and courtesy, they relied on the precariousness of an old person's reputation, on the skepticism with which the word of the old is regarded, on my fear and feebleness. But I caught each of them up, and I did insist.

When I was young, I used to discount what the old ladies I knew said. I heard their tales of injustice with a smile working at the corners of my mouth. Outrage screwed their faces up even more than age had already, and breathless and palsied, they showed in their passion a presumption that amused me. But now I was discovering that the old ladies were right, having become one myself; there is no end to the advantage people will take of you if they can. I could not let that advantage be taken. So much seemed to depend on standing firm--my self-respect, the possibility for a reasonable life in the years ahead, even the balance of my mind. Yet I recalled my own smiles of years ago, and I was not surprised when Laura came to my door one afternoon.

I was in one way pleased to see her. I had known that the aspect of things changes from year to year, that it is like the examples of optical illusions one used to see in books or magazines--the clever patterns that shifted inward or outward according as one happened to look at them. I could not submit to the milkman's cheating, but I could tell what he was thinking of me. As I ran out and called back the postman, I had the dreadful feeling that when I spoke my words to him they might emerge as noise or light or delicate puffs of smoke. I could picture the wide-mouthed, close-eyed face of the paper boy exploding into a joke-store bouquet of plastic pansies. The clerks I could imagine slowly rising on their billowing aprons into the sky, like Baptist angels. I do not mean that I had lost hold. I do not think one ever loses one's intelligence, and visions play in the attics of everyone's mind. What I mean is that my visions, so far as I could tell, were different now, that maybe I had my own code of justice now, which was unlike Laura's, or my own twenty years ago, or sixty years ago. When she came, I thought, now I don't have to worry about the meaning of these new illusions. Now Laura will take care of the world outside.

As soon as I opened the door, Laura said she had been struck with a sense of missing me and had decided on impulse to ride up and see me. She talked about the time when she was a little girl, and recalled how she had depended on me. She mentioned the complexity of her present life and the pace of the world. She spoke of doing things for others, and the importance of family. In time, Peter, my son-in-law, came in. "Laura needs you," Peter said. "She won't admit it, but it's really true.

It was clear that Peter and Laura had considered in advance what to do and say--I saw that without difficulty. So that I could think, I went off and made tea for the three of us. By the time I returned, I had understood they were trying to deceive me. Not that the evidence was in any way obscure; I simply couldn't, at first, bring myself to accept their astonishing conviction that I was susceptible to that kind of deceit. They took their tea and began talking again, but I wouldn't allow it. I broke in and made the suggestion myself that I go back with them. It was the only way I saw to cut off the pretense. I did return with Laura and Peter, but the pretense was merely beginning.

It is games, really, that we have played--games about who I am. The aim of them all was that I am as young as Laura and Peter, as free, as carefree, as strong, as recollected. They must soon have known that I knew they were trying to deceive me, and their encouragements and inferences and accommodations became an elegant play among us. I was never tired because I am old but because I had walked too much or there had been a draft upon my legs, and my turn came when I said, "Yes, yes, that is exactly what it is." If I couldn't open the olive jar, the packers of olives were taken to task for affixing the covers too tightly. If I lay awake at night, it was the unreasonable weather that was blamed. Every one of my acquiescences in these pretenses brought me sadness.

The evening I got here--I remember I was wearing a gray suit that I had decided to give to the Salvation Army but that Laura had laid out for me to wear on our trip--I was ill at ease. I stood in their strange kitchen and wondered whether I should sit or offer to make dinner or go to my room. There had been a haste about our departure, and now there was shame in the air. Laura and Peter put on their serious expressions and began again telling me how fond they were of me. I remember wishing they had told me instead that they could imagine how it is to have to give up dreaming and the possibility of justification that the future allows, to have to tolerate a mind that on occasion cannot follow the slight movements of the present moment, and, finally, to have to give up authority and independence. But I said nothing. Later on, we talked again. "Do whatever you like, as you like it," they told me. "Keep your own hours. Go shopping, have friends in." Then they sent me to bed. And I said a pleasant "good night" as I went. I was caught in the trap of the games already.

I stayed in it, even though some of them were quite cruel. I used to paint--water colors--years ago, and they brought down some of my best work, which had been hanging on the walls of my home, and hung these pictures in my bedroom here. Then they bought me brushes and colors and paper, and I, who had vowed that when my hand wavered I would cheerfully give up painting and content myself with admiring what I had done at my best, had no choice but to take it up again, having not painted a stroke for ten or more years. I puttered with the paints, but that was not enough. They made me go on. They went so far as to frame one of my wretched efforts and put it on the wall with the others. They admired it extravagantly, but if I had dared, I would have burned it, and the good ones with it. As it was, I became a little surly, but even that satisfaction was removed, for they ascribed my humor to a new variety of medicine I was taking.

I like my daughter and my son-in-law. There is a lot of my husband in Laura. He has been dead for many years, but I have not forgotten him. To others, I suppose he must have seemed ineffectual. He dressed carelessly, and, whatever he was doing, moved by indirection. He was a master of the precisely inappropriate word, forgot people's names, occasionally fell asleep at parties, and lost his wallet or his car keys time after time. But when he finally blundered into the clear truth about any human situation, he did, during all the years I lived with him, what was kind and right, unfailingly. And Laura's aim is often wide of the mark, but her mark is the same as his was.

As for my son-in-law, the only thing I really know about him is that my daughter loves him. He is very youthful and energetic. He speaks respectfully to me, awkwardly, and frequently. I have the feeling that if I knew him better I would have many more grounds for liking him.

Laura and Peter do not disappoint me. What has disappointed me is the way things are--the subtle conspiracy of my weakening nerves and tendons and of the alteration in my outward flesh and of my changing disposition that has cut me off from the continent of the young and put me on the ancient island where I am. And yet, island and continent are both part of the world of the living. The changeless old are not changeless at all. They live, they are real, authentic, and the same combinations of circumstances form on one side as on the other.

As my months with Laura and Peter passed, and the games thronged our days until it was wearisome to be in one another's presence, I almost began to look upon myself as they did--changeless, timeless, exiled on my island. But happenings do go on, even for the old, and the happening that brought me back to myself began with Mrs. Hartwell, who is even older than I.

Mrs. Hartwell--her first name is Eva, but I never call her that--lives four blocks away. She is with her son and his wife and has in their house a room quite like my own. It was Laura who learned about Mrs. Hartwell and from time to time took me to sit in her son's garden with her. She herself is not able to move about much any more. It is a pleasant garden, and when Laura and Mrs. Hartwell's daughter-in-law settled us there and left, we were perfectly alone, not being able to see more than the tops of the surrounding houses above all the trees. In an hour, the young people returned, and Laura and I went home.

"Dear Mrs. Vernor," Mrs. Hartwell always began when we were by ourselves, "how are things with you these days?"

And then we talked about our situations. There are two children in Mrs. Hartwell's house, and that is her advantage in many ways. Her son and his wife do not have as much time to contrive as Laura and Peter do. There is not as much routine. Best of all, the children do not know enough to engage in duplicities, and she and they are friends. On the other hand, she has been quite ill and dreads the time when she may have to go to a hospital. Also, her daughter-in-law somehow has the idea that Mrs. Hartwell's poor health jeopardizes the children, and all the dishes are sterilized whenever she is unwell. She is always trying to seem better than she really feels.

When I first began to visit Mrs. Hartwell, our conversations were limited to those matters one can discuss with an intelligent person about whom one knows almost nothing. They would have sufficed. Mrs. Hartwell was not in my debt, nor was I in hers; we had common problems; and, altogether, we were able to speak freely and enjoyably. Later, though, as we began to learn more about each other, we confided more and ranged further. We talked a great deal about our childhoods. She remembered a school much like the one I went to. She could still call up her teachers' names, the procedures of the classroom, what the children wore and did, what games they played.

"Did you by any chance ever play marbles, Mrs. Vernor?" she said to me one day.

"Why, yes," I said. "I was a champion player."

"What a coincidence," she said.

And for the next few minutes we compared our merits as marbles players. We both, it seemed, had been little girls gifted at the game. I had prided myself on never having to buy any new marbles. I had had a reserve of marbles that I kept in three cloth bags, I remembered. I never used these in play and, in fact, never touched them except occasionally to turn them over in my fingers and admire them. She recalled that the time had come when it was difficult to find any boy who would risk his marbles against her, she won so consistently. She had begun to have to play with a handicap, such as her boulders against someone else's agates.

Our talk moved to other matters, and I thought no more about marbles until I next came to see her. She was waiting for me in the garden, and she had an embroidered purse in her lap. I did not notice it in the beginning, and our conversation at first was quite usual. It lagged after a while, though, and we sat for a time in silence. Mrs. Hartwell broke the pause by holding up her purse and shaking it. I thought she wanted me to admire it, and I passed some compliment, but I saw then that was not what she had in mind.

"What do you suppose is inside?" she asked me.

I had no idea, of course, and said so, but instead of telling me, she put the purse down and started philosophizing in some way about friends and friendship.

"What's wrong?" I said.

"Nothing's wrong," she said. "I'm trying to tell you that this purse is full of marbles."

"Marbles?" I said.

"I got them from the children," she said. "They lent them to me so we could play. I told them you wanted to."

For a minute, I thought I was witnessing some kind of disintegration in Mrs. Hartwell. I was shocked and saddened. But then, seeing her sitting there looking like herself, her hands folded around the purse, her face composed and earnest, I knew that could not be so. "If you want to play, let's play," I said.

"Don't do it unless you really do want to," she said.

"I do," I said, and by that time I did indeed, though it surprised me to discover it.

Our chairs were always set upon a sandy oval where a folding table was sometimes put for outdoor entertainments, and this surface, with a little digging, made an entirely adequate ring. I moved my chair across from Mrs. Hartwell's and scooped out the sand with my hand. We divided the marbles, and hestitantly, as when one takes up a song that others are singing, began a game. We had to crouch in our chairs in order to reach the ring, but we played leisurely, breaking off now and then to rest. Before long, I was enjoying myself, and I believe Mrs. Hartwell was, too. I could not help feeling that what we were doing was a justification of ourselves as reasonable human beings, entitled to our wishes.

Each of us won about as often as the other that day. Allowing for age and lack of practice, Mrs. Hartwell had not exaggerated her prowess, but then, neither had I my own. We were careful to finish playing long before we began to expect the two young people. The marbles were returned to Mrs. Hartwell's purse, I filled in the ring, and when Laura and Mrs. Hartwell's daughter-in-law came, we were exactly as they had found us every other time.

When I visited Mrs. Hartwell again, I felt uneasy about our little indulgence. I looked immediately to see whether the purse was again in her lap, and it was. She, however, behaved so naturally--when we were alone, opening it in the middle of a story she was telling, and counting the marbles into two piles with perfect self-possession--that I could not remain disquieted. Once more we moved our chairs, and once more I prepared the ring.

This day, I won the first few games, but then Mrs. Hartwell, saying "Knuckles down," set out to recoup her losses. She recovered her eye and, when her turn came, fired off a peerless shot. Then she fainted. It was only vertigo, I believe, for she was quite all right in a few minutes, but at this time I could not know she would be, and I had to call for help. At first, though I suppose her daughter-in-law and Laura saw what we had been doing, they were occupied in reviving Mrs. Hartwell. It was after she was herself again that the awkwardness came.

"Mother," Laura said, looking at me. It was an entirely equivocal word in that circumstance, but my conscience led me to take it badly, and I was ashamed.

Laura and I made a hasty departure. My embarrassment did not abate when we were back at her house. Laura and Peter were very kind to me through the evening, but that only made me feel worse. A day passed, and I hardly went out of my room. Another day came, and in the morning Laura told me she would be taking me to see Mrs. Hartwell at three.

I pretended I did not feel well and told her I wouldn't be able to go. She cocked her head at me, the way her father used to, conjuring him into my mind with that small gesture. I gave in.

When I actually got in the car and then got out at Mrs. Hartwell's, when I passed through the house, when I came out on the lawn and saw Mrs. Hartwell sitting in her chair, I was in anguish. The young people left quickly, but at the last moment Laura pressed my hand. I went forward, though I did not look at Mrs. Hartwell.

"Mrs. Vernor," she said to me.

So I looked at her. The purse was in her lap.

"How are things these days?" she said, motioning me to my chair.

On the seat of it was an old evening bag of mine that Laura had stuffed into one of my suitcases when I moved to her house. I opened it, and, of course, it was filled with marbles.

Since then, the pretenses that had confined my life have been receding. My essential situation is the same. I am not free or carefree or strong or recollected. But something has happened at the core of things. I feel better. Mrs. Hartwell and I do not play marbles any more, for that was a silly business. It is not at all silly to feel better, though, and when I am alone I think often how some slight event can shift a whole structure of circumstances so that the balance is somewhat away from distress.

In Middle Age and Aging, Bernice L. Neugarten (Ed.). Chicago: University of Chicago Press, 1968. Copyright 1963 by the New Yorker Magazine, Inc. Reprinted with permission of the New Yorker Magazine.

Module III
Appendix A
Strategy 1.3.1
1.3.2

SOCIAL AND EMOTIONAL ADJUSTMENTS:

Middle-Aged Children and Elderly Parents

Parent-child relationships are ever changing, never without strong feelings on both sides and frequently full of misunderstandings, miscommunication, guilt and conflict. A particular set of problems often occurs when the child is himself middle-aged. The books, All the years of her life and A figure of speech, listed as two of the resources for Module III, are examples of some of these problems.

An underlying factor to these problems between elderly persons and their middle-aged children, is that in middle-age many peoples' anxiety about their own aging process seems to grow. In these early middle years when some of the first physical signs of aging appear (perhaps gray hairs, stiffening of joints, a little "middle-age spread") people tend to grasp for ways to be youthful and in good health and to deny the fact that they are no longer in their prime. (Younger-looking clothes, new jogging or exercising regimes, or a love affair are some of the manifestations of this denial). The elderly parents of these middle-aged people are an obvious reminder to the middle-aged children of their own aging and impending death. Those who have the most difficulty in adjusting their own life goals to the realities of middle-age and who must give up their dreams of becoming a foreman or supervisor, or acknowledging any of the goals set by age 40, seem to have the most difficulty in their relationship with their elderly parents.

This difficulty in accepting one's own aging and impending death is sometimes a problem with the older persons themselves. The emphasis on youth and vitality as being almost the same as usefulness and worthiness, affects some people in their 60's and 70's as well as their 40's and 50's. The person nearing retirement who wants to deny her age and prove herself to be just as good or attractive as any of those "new young upstarts", who uses hair color to "control the gray", wears the latest fashions, and sprinkles her conversation with the latest "in" talk, does not like to be reminded of her age by grandchildren or middle-aged children with gray in their hair.

There are usually other personality problems or events that enter the picture also, but the inability to adjust to one's own aging--by either the middle-aged child, the elderly parent, or both--is a thread that runs through many of these kinds of problems.

Another problem is the conflict between the older person's desire to be independent and the child's need to "parent" their elderly parent, or to make him dependent. The myths of aging include the idea that in time the parent-child roles will be reversed, that as the parent grows older, he becomes childlike and the child, now an adult, must play the parent.

There are those few cases where this myth becomes reality, and these cases, unfortunately are used to support the myth. However, in many instances the older person is, in fact, quite capable but because she or the adult child believes the myth, there is an attempt to make this happen when it is inappropriate and uncalled for. (The book, A figure of speech, illustrates this idea carried to an extreme, whereas, the appendix item, Games, shows how a parent and child can move past this tendency in their relationship to one of balance). As the older person tries to state his independence and worthiness against the over-protective attitudes and actions of his middle-aged child, conflict and tension results in the relationship. Anger, frustration, and the sense that the elderly parent is "ungrateful" are some of the feelings stirred up in the middle-aged child.

Because of these basic conflicts that seem to appear in a lot of the relationships between an elderly parent and her middle-aged child, having an elderly parent move into the household with the child and his family can be troublesome to all concerned. Even when these two basic difficulties are not present in the parent-child relationship, such living together of several generations in one household frequently causes other problems. Some of the most common are as follows:

a) the son-in-law or daughter-in-law cannot adjust to the situation;

b) the entire family life style is interrupted causing frustration for all;

c) the older parent is uncomfortable because she is aware of the discomfort her presence produces;

d) either party feels guilty because they do not want to be living together with their parents and this togetherness is held up as the ideal from "the good 'ole days";

e) child and child's family feel guilty because they want to relocate the older person to a nursing home or retirement residence;

f) family strain is felt because there is never a vacation from the responsibility, especially if the older person has health problems;

g) the older person feels strain due to minimum privacy and not having a useful role in the family life;

h) if there are limited finances, the middle-aged child is caught in a guilt bind between either sacrificing something needed by his own children to take care of a need of the elderly parent or vice versa.

A Home Helper who is aware that these types of problem occur frequently in the relationship between an elderly person and the middle-aged child, can be sensitive to them by accepting the feelings of each as normal. Misunderstanding and miscommunications will decrease if the Home Helper can help each to be honest about his own feelings with himself first, and then with the other person in the relationship.

The Home Helper should be careful not to be drawn into taking sides in the conflict herself, but rather to listen attentively to each, affirming the validity of each person's own feelings, asking an occasional question aimed at helping each to look at the situation from the other's perspective and encouraging them to listen to each other. (See Module IV, Human Relations Skills, for more on this).

If the relationship is full of conflict and miscommunication, and these are about to affect decisions about the welfare of the older person, the Home Helper can help the family get in touch with those professionals in the community who could help everyone deal with their feelings and conflicts more constructively so that the best possible decision can be made. Family counseling agencies, ministers with special training in counseling, psychiatrists or psychologists with special interest/training in aging are some of the possible resources to which Home Helpers can turn.

Module III
Appendix A
Strategy 1.4.1
1.4.2
1.5.1

ATTITUDES TOWARD DEATH QUESTIONNAIRE

There are no right or wrong answers to this questionnaire. Its purpose is to help you and your teacher get in tune with your own feelings about death at this time. Answer as honestly as you can. Feel free to add additional comments on any question in space marked other. You may mark more than one answer.

1. Whose death was the first that you remember?

____ A. Grandparent or great-grandparent
____ B. Parent
____ C. Sister or brother
____ D. Other family member
____ E. Friend
____ F. Stranger
____ G. Famous person
____ H. Animal

Other:

2. To the best of your memory, at what age were you first aware of death?

____ A. Under age three
____ B. Three to five
____ C. Five to ten
____ D. Ten or older

Other:

3. When you were a child, how was death talked about in your family?

____ A. Openly
____ B. With some discomfort
____ C. Only when necessary, and not in front of children
____ D. As though death was a forbidden subject
____ E. Don't remember any talk about death

Other:

4. Which of the following best describes what you thought death was when you were a child?

____ A. Going to Heaven or Hell

____ B. Some different kind of life

____ C. Sleep

____ D. Too mysterious to know

____ E. Had no idea

____ F. Can't remember

Other:

5. Which of the following most influenced the way you think about death now?

____A. Death of someone close

____B. Things you have read

____C. Religion

____D. Funerals

____E. TV, movies or radio

____F. Length of time family members have lived, how long-lived

____G. Own health

Other:

6. Has religion been an important part in the way you think about death?

____ A. Very important

____ B. Important

____ C. Not very important

____ D. No part at all

Other:

7. How much do you believe in life after death?

____ A. Strongly believe

____ B. Believe

____ C. Not sure

____ D. Doubt it

____ E. Sure there is no life after death

Other:

8. Regardless of your belief about life after death, what is your wish about it?

____ A. I really wish there were a life after death

____ B. I don't care if there is or is not a life after death

____ C. I hope there is no life after death

Other:

9. How often do you think about your own death?

____ A. At least once a day

____ B. Often

____ C. Sometimes

____ D. No more than once a year

____ E. Never or almost never

Other:

10. If you could choose, when would you die?

____ A. In youth

____ B. In middle age

____ C. Just after middle age

____ D. In old age

Other:

11. When do you believe that you will die?

____ A. In middle age

____ B. Just at the end of middle age

____ C. In old age

Other:

12. Has there ever been a time when for any reason, you wanted to die?

____ A. Yes ____ B. No.

Other:

13. What does death mean to you?

____ A. The end of life

____ B. A new beginning, of life-after death

____ C. Endless sleep and peace

____ D. End of physical life, but the spirit lives on

____ E. Don't know

Other:

14. What thing about your own death bothers you most?

____ A. I could no longer have any experiences

____ B. I am afraid of what might happen to my body after death

____ C. I am not sure what will happen to me if there is life after death

____ D. I could no longer provide for my family

____ E. My relatives and friends would grieve

____ F. I could not finish things I had started

____ G. The process of dying might be painful

Other:

15. At what age do you think people are most afraid of death?

____ A. Up to 12 years old

____ B. 13 - 19 years old

____ C. 20 - 29

____ D. 30 - 39

____ E. 40 - 49

____ F. 50 - 59

____ G. 60 - 69

____ H. 70 and over

Other:

16. What do you believe causes most deaths?

____ A. Most deaths happen because the person wants to die

____ B. Most deaths happen because of the way the person uses or fails to use things such as tobacco, alcohol, medicines

____ C. Most deaths just happen

Other:

17. Do you believe that psychological factors, such as the way a person feels, believes and thinks, can influence or cause death?

____ A. Yes

____ B. It is possible

____ C. I don't believe so

Other:

18. How do you feel when you think of your own death?

____ A. Afraid

____ B. Sad

____ C. No reason to go on

____ D. Want to do something with life I have left

____ E. Glad to be alive

Other:

19. When have you been in a situation in which you really thought you might die?

____ A. Many times

____ B. Several times

____ C. Once or twice

____ D. Never

Other:

20. How interested are you in living on, after death, through your children or through people's memories of good things you have done?

____ A. Very interested

____ B. Interested

____ C. Not interested

Other:

21. Would you be willing to give up your life for

____ A. A loved one?

____ B. Something you believe in, such as religion?

____ C. In an emergency, to save another life?

____ D. Not for any reason.

Other:

22. If you had a choice, what kind of death would you choose?

____ A. Sudden, violent death

____ B. Sudden death, but not violent

____ C. Quiet, dignified death

____ D. Death in line of duty

____ E. Suicide

____ F. Murder victim

____ G. Cannot choose

Other:

23. If it were possible, would you want to know the exact date on which you were going to die?

____ A. Yes ____ B. No

Other:

24. If your doctor knew that you would die from a disease and had a limited time left to live, would you want him to tell you?

____ A. Yes ____ B. No ____ C. Depends on circumstances

Other:

25. If you were told that you had a terminal disease and a limited time to live, how would you spend your time until you died?

____ A. Do a lot of things for pleasure.

____ B. Read, think and pray

____ C. Think about the needs of my family and friends

____ D. Try to finish everything I have started

____ E. I would not change my way of life

____ F. I would try to do one very important thing

____ G. I might think about committing suicide

____ H. None of these things

Other:

26. How do you feel about having an autopsy done on your body?

____ A. Approve

____ B. Don't care one way or the other

____ C. Do not approve

Other:

27. What efforts do you think should be made to keep a seriously ill person alive?

____ A. All possible efforts, including transplants

____ B. Efforts that are reasonable for the patient's age, physical and mental condition and pain

____ C. A senile person should not be kept alive by elaborate artificial means

Other:

28. If you are married, would you

____ A. Rather die first, and have your spouse outlive you?

____ B. Rather die second, and outlive your husband?

____ C. Don't know

Other:

29. What do you think is the main reason for the way you answered question number 28?

____ A. I don't want to be lonely

____ B. I don't want my spouse to be lonely

____ C. I don't want to grieve for my spouse

____ D. I don't want my spouse to grieve for me

____ E. The one I marked to live longer can stand being alone better

____ F. I want to live as long as possible

____ G. None of these answers are the reason

Other:

30. How important do you think that wakes, funerals and mourning are to the family of the person who dies?

____ A. Very important

____ B. Important

____ C. Not important

____ D. Don't know

Other:

31. If left up to you to decide, how would you like to have your body disposed of after you have died?

____ A. Burial

____ B. Cremation

____ C. Donation to medical school or science

____ D. It doesn't matter

Other:

37. If I was working for a client who became seriously ill, I would

____ A. Stay to the end

____ B. Resign immediately

____ C. Resign just as soon as a replacement could be found

____ D. Stay on to the end, but never work for the elderly again

____ E. Don't know

Other:

38. If I was working for a client who was dying and who wanted to plan his funeral, I would

____ A. Stop the conversation and talk about something cheerful

____ B. Call the family

____ C. If no family, call the undertaker

____ D. Call the client's minister

____ E. Don't know

Other:

39. If I was working for a client who was dying and I knew she had no will, I would

____ A. Ignore it, figure it was her problem

____ B. Try to talk with her about what she would like to have done with her things

____ C. Call her family

____ D. Call her minister

____ E. Call an attorney

____ F. Don't think it is important

Other:

40. I feel that a will

____ A. Is only a legal matter

____ B. Is needed only if someone has a lot of property

____ C. Is needed for everyone

____ D. Can help a person deal with their feelings about dying

____ E. Can help a person feel there are no loose ends and that personal belongings will go to the persons they want them to.

Other:

41. I think death is important for a Home Helper to learn about

____Agree ____ Disagree

Other:

DEATH ATTITUDES

Case History #1

The Home Helper has been working with Margaret Wittle, age 83, for nearly two years. Margaret's children live far away and have been to visit only a couple of times. Margaret has had a heart attack and the doctor says it is only a matter of time until she dies. Margaret and the Home Helper have talked of this possibility in the past, and the Home Helper has agreed that if the doctor says it is at all possible, Margaret will be brought back home where the Home Helper will care for her so Margaret can die in the house where her children were born and her husband died 20 years earlier. The children are called and come, arriving on the day Margaret was to go home. The children go in to see their mother, who says that she knows she is going to die and she wants to go home. The children say, "No, you're not going to die, and we're going to see you are going to get the best medical care this hospital can give." Margaret gets upset and asks the children to leave and to send the Home Helper in to her.

DEATH ATTITUDES

Case History #2

Rufus Mounts, age 90, who lives alone with the assistance of a Home Helper, learns he has inoperable cancer and has only a short while to live. He wants to see all of his grandchildren before he dies and so calls the family and begs them all to come to his house for Thanksgiving in two weeks, but doesn't tell them why. They all feel it would be too much trouble for him and some have made other plans. They try to get him to go see his younger brother for Thanksgiving. He is hurt and disappointed and gets angry and hangs up. He then explodes at the Home Helper telling her how she wouldn't be there unless he paid her, that no one likes him, and his own children have never really loved him.

DEATH ATTITUDES

Case History #3

Sara Pendleton, 87, is seriously ill. Her physician, age 63, who has cared for her ever since he started his practice in their small town about 40 years ago, cares for her as though she were his own mother. Sara knows that she is very ill and tries to talk with her doctor about this, but he refuses to listen to her and tells her she will be just fine in a couple of days, that he'll take care of her and make her well. He wants to take her to a nearby city where she can be put in intensive care. Sara wants to stay at home and die there. She has no family. The Home Helper has agreed to sleep in with her as long as is needed. The doctor insists that Sara should go to the hospital and calls for the ambulance.

DEATH ATTITUDES

Case History #4

A Home Helper is working with a man who reminds her of a favorite uncle who died suddenly and tragically in a car accident several years before. At the time of the uncle's death, the Home Helper was away visiting other relatives and did not get back for the funeral. She has never worked out all of the rage at the sudden loss of her uncle and guilt at not being there for the funeral. The client dies quite suddenly in his sleep one night. The Home Helper arrives the next morning and lets herself in the house as is the custom, gets his coffee ready and calls into the bedroom to tell him it is ready. When she calls several times and gets no response she goes into the bedroom.

What happens?

How long do you think it will take her to realize he is dead?

What do you think her immediate reaction will be? What would be the healthiest reaction?

DEATH ATTITUDES

Case History #5

The Home Helper and the elderly couple he works for have returned early from their usual morning walk because the man complained of being tired. The man goes into the livingroom to rest in his favorite chair while the woman goes into the kitchen with the Home Helper who puts on the kettle for tea and starts the grocery list. When the tea is ready the woman goes into the livingroom to get her husband. She returns without him and says she doesn't want to waken him from his nap. A little later, the Home Helper looks into the livingroom and realizes that the man is probably dead.

How does the Home Helper know the man is probably dead?

What should she do first? Next?

What feelings will she and the man's wife have to struggle with first?

How can they best cope with their feelings?

PERSONAL/CULTURAL DIFFERENCES

Case History #1

Ruth and David Epstein, ages 64 and 69 live in a small town in the south. They are Jewish and are one of only three Jewish families in the town. They are Orthodox Jews. The other two families are reformed Jews. They own a small clothing store for women and children. They are both in very good health. One day Ruth is involved in a car accident in which one arm is broken and her legs are cut so severely that she loses most of the use of one of them. David can continue to run the store but it is now time for Ruth to come home from the hospital and a full-time Home Helper has been hired for the first couple of months Ruth is home. The Home Helper will be needed to cook the meals (preparing some in advance for David to heat up later), and has agreed to learn to cook by the Kosher rules (e.g., meat and dairy products cannot be mixed in any way: there are separate sets of dishes for preparing each and they cannot be combined in the same meals--no cheeseburgers, no milk to drink with a meat dish, etc.). The first couple of weeks while Ruth is still in bed, most of the time, Ruth and the Home Helper go over all the plans for each meal carefully with Ruth explaining to the Home Helper what to do and not to do in preparing each meal. Everything seems to be going fine. Then:

Possible Conflict #1

Ruth is finally able to be up in a wheelchair and asks one day to have her lunch at the table with the Home Helper rather than in her room. The Home Helper was not expecting this and was in the midst of fixing herself a cheeseburger for lunch (the Home Helper had already prepared a plain meat patty and some vegetables for Ruth according to the proper directions).

What happens?

How could the conflict have been avoided? How can it be resolved? When you are in someone else's home, whose values take precedence--theirs or yours? Why?

Possible Conflict #2

One day David comes home from the store about 11:00 a.m. to get some papers he needs at the store. He walks into the kitchen to say hello to the Home Helper and she is cooking. He discovers that she is not using the proper set of cooking utensils for what she is cooking. The Home Helper had never really understood why these rules were so important and felt they made a lot of unnecessary work and used time she felt she needed to do her other duties. She had been listening politely to Ruth's instructions and then going on and cooking in what seemed to her to be a sensible, less time-consuming fashion.

What happens?

How could this conflict have been avoided? How can it be resolved? If the Home Helper is fired and David tries to hire another one, what should he do to make sure the Home Helper understands and respects the importance of the Kosher procedures and will follow them?

Case History #2

Maria Lopez is 72 years old. She immigrated to the United States from Mexico when she was a young woman. Her children have moved to another state. Maria speaks a little English, but still speaks mostly Spanish. Maria has worked hard all of her life, first working in the cotton fields, then as a seamstress in a factory and up until recently as a part-time maid and taking in ironing. She owns her own little house in a neighborhood where there are a few other elderly Mexican-Americans with whom she is good friends. Her eyesight is failing and recently she fell at the home where she was working and broke her hip. While in the county hospital, the welfare department learned of her and has been trying to work with her and help work out a plan of care and support for her when she is ready to go home. They have found a young woman who wants to work part-time while going to school and who has had four years of Spanish in high school, but who has no understanding of the Mexican culture or customs. The young woman will work as a Home Helper and come in early every day to fix breakfast and lunch for Maria, help Maria with her personal needs and to keep the house. A visiting nurse will come regularly to help Maria with rehabilitation exercises, etc.

What possible conflicts might arise between Maria and the Home Helper in the areas of menu planning? personal grooming? housecleaning? Do you think they will be able to communicate in Spanish easily? How could the Home Helper minimize the possibility of conflicts arising from the outset?

Case History #3

Tom Majors is a retired chemistry professor, age 83. His wife died recently and he has hired a part-time Home Helper to come in and clean the house, do the laundry and fix a main meal each day. He is a very tidy person and likes everything kept neatly. The one exception to this is his small study where he spends a few hours every day reading in his field, corresponding with professional colleagues, writes occasional articles for various scientific publications and keeps going his 20 or so chess-by-mail games. Here he has books and papers stacked around everywhere in what is a definite system to him, but appears like chaos to anyone else.

The Home Helper is also a very neat person who likes "a place for everything and everything in its place." At the time of the job interview, she was pleased that the living room and kitchen (the rooms she was shown) looked so neat and that Tom Majors had said he likes everything "in place".

Toward the end of the first week on the job, the Home Helper is supposed to give the house a thorough cleaning on the day Tom will be at the library. As he goes out the door, he reminds her to dust in his study, which she has not been in up to that point.

What happens? How could a conflict be averted by the Home Helper? What could Tom have done to keep a conflict from happening?

Case History #4

Ruby Blessing, age 66, is a warm, gregarious person whose kitchen has for years been a place where people of all ages in the neighborhood come throughout the week to have a cup of tea or glass of milk, a cookie and to share their troubles and joys with Ruby. (And when her children were little they brought home friends with scratches that needed a band aid, etc.). Ruby has always been a basically clean person, keeping her house clean, but cluttered. She is people -oriented and will stop her housework to visit whenever anyone comes by. Due to failing eyesight in the last few years, the clutter has increased. Ruby becomes ill and needs a Home Helper for awhile. The Home Helper sent by the Welfare Department is an efficient woman who likes to make a schedule and stick to it. The Home Helper gets the house "organized" and begins to ask Ruby's friends to only come by between 3 and 4 in the afternoon so they will let Ruby rest and not interfere with the schedule she has fixed up. After a couple of weeks, the nurse who comes weekly, notices that Ruby seems to be no better and is depressed?

What happens? How could the problem have been avoided? by the Welfare Department? by the Home Helper? How can it be resolved?

Case History #5

Lurleen Morris is a young, proud Black woman, age 22, who was raised in New York City. She has a baby daughter. Her parents are both dead, and her husband has died of cancer leaving her in a very bad state financially. Her grandmother, Lou Ella Thompson, age 73, lives in Atlanta, in her own home, and her health is failing. She asked Lurleen to bring the baby and come live with her and take care of her. Lurleen will be paid part-time with Medicade and Welfare funds to provide the care for her grandmother. Lurleen accepts the offer.

The first week Lurleen is there, the meals-on-wheels continue to bring the main meal for her grandmother daily. At the end of the week, Lurleen is settled and decides to take over the cooking and discontinues the meals-on-wheels with Lou Ellen's permission. Lurleen is very proud of her Black culture and ate "soul food" regularly in New York. She assumes Lou Ellen is also fond of chitlens, etc., and likes to eat them frequently. Lou Ellen, however, has never eaten "soul food" regularly and after a month of politely suggesting that Lurleen fix some other foods to no avail, begins to stop eating her meals.

What happens?

How can the situation be resolved? How could the situation have been avoided? Do people of the same racial/cultural heritage always like the same things or share all of the same customs and habits?

PROSE POETRY SELECTIONS

Love and Old Age

JOHN ANDERSON, MY JO

Robert Burns

John Anderson, my Jo, John
   When we were first acquent;
Your locks were like the raven,
   Your bonie brow was brent;
But now your brow is beld, John,
   Your locks are like the snow;
But blessings on your frosty pow,
   John Anderson, my Jo.

John Anderson, my Jo, John,
   We clamb the hil thegither;
And mony a cantie day, John,
   We've had wi' ane anither;
Now we maun totter down, John,
   And hand in hand we'll go,
And sleep thegither at the foot,
   John Anderson, my Jo.

"John Anderson, My Jo," by Robert Burns. Reprinted with permission from Poems to Remember. Copyright 1960, by Dolphin Reference Book.

I AM NOT OLD

Park Benjamin

I am not old, Time may have set
   His signet on my brow.
And some faint furrows there have met
   Which care may weaken now;
Yet love, fond love, a chaplet weaves
Of fresh young buds, and verdant leaves,
And still in fancy I can twine
Thoughts sweet as flowers that once were mine.

"I Am Not Old," by Park Benjamin.

GROW OLD ALONG WITH ME!

Robert Browning

Grow old along with me!
The best is yet to be,
The last of life, for which the first was made:
Our times are in His hand
Who saith, "A whole I planned."
Youth shows but half; trust God: see all nor be afraid!

From: "Rabbi Ben Ezra," by Robert Browning. Reprinted with permission from One Thousand Beautiful Things, by Marjorie Barrows (Ed.) Copyright 1947, by The Spencer Press, Inc.

YOUTH AND AGE

Mimnermus, Ancient Greek Poet

Ah! fair and lovely bloom the flowers of youth;
On men and maids they beautifully smile:
But soon comes doleful eld, who, void of ruth,
Indifferently afflicts the fair and vile;
Then cares wear out the heart: old eyes forlorn
Scarce reck the very sunshine to behold--
Unloved by youths, of every maid the scorn--
So hard a lot God lays upon the old.

"Youth and Age," by Mimnermus, J.A. Symonds (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

Excerpt 1

From: SUMMER IN THE MOUNTAINS

Roger Angell

As she read the familiar story, Mrs. Brockway kept glancing at the little girl's face, intent on the page. Looking at her, the Grandmother felt calm. At these moments, she knew that the fears and pains of her hotel bedroom were not really part of her at all. She was the same as she had always been, capable of anything as long as there was someone near her whom she loved and could make happy. Meg could no longer accept that from her, but this little girl, her granddaughter, did. She knew Jane depended on her. All that was needed was for them to be together more often, not just for a few hours on an occasional evening.

"Summer in the Mountains," by Roger Angell. Reprinted with permission from The Stone Arbor and Other Stories. Copyright 1949, by Little, Brown, and Company.

WORDS

Dorothy Aldis

Now she is gone
Like a flight of wild birds,
And things that were words before
And more than words,

Courage and Loyalty,
Humor and Pride--
She used till she dies.

Love gives life meaning
In a look, in a breath,
But never so truly
Or deeply as death.

"Words," by Dorothy Aldis. Reprinted with permission from Any Spring. Copyright 1933, by Putman's-Coward, McCann and Geoghegan.

ODE

Hafiz, Persian Poet

A grievous folly shames my sixtieth year--
My white head is in love with a green maid;
I kept my heart a secret, but at last
I am betrayed.
Like a mere child I walked into the snare;
My foolish heart followed my foolish eyes;
I was so wise.

If only she who can such wonders do
Could from my cheeks time's calumny erase,
And change the color of my snow-white locks--
Give a young face
To my strong heart, and make my old eyes new,
Bidding my outside tell the inward truth!
O 'tis a shallow wit wherewith time mocks
An old man's youth!

Ah! it was always so with us who sing!
Children of fancy, we are in the power
Of any dream, and at the bidding we
Of a mere flower;
Yet HAFIZ, though full many a foolish thing
Ensnared thy heart with wonder, never thou
Wert want imagination's slave to be
As thou art now.

"Ode," by Hafiz, Richard Le Gallienne (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928 by Albert Boni, Inc.

Other poems related to the topic:

"When You Are Old" by William Butler Yeats
"From Michael Hilroyd's Biography," Lytton Strachey, Vol. II
"Healing" by Abraham Reisen

PROSE POETRY SELECTIONS

General Attitudes Toward Aging

ON BEING SIXTY

Po Chu-i

Between thirty and forty, one is distracted by the Five
Lusts;
Between seventy and eighty, one is a prey to a hundred
diseases.
But from fifty to sixty one is free from all ills;
Calm and still--the heart enjoys rest.
I have put behind me Love and Greed; I have done with
Profit and Fame;
I am still short of illness and decay and far from decrepit
age
Strength of limb I still possess to seek the rivers and
hills;
Still my heart has spirit enough to listen to flutes and
springs.
At leisure I open new wine and taste several cups;
Drunken I recall old poems and sing a whole volume.
Meng-te has asked for a poem and herewith I exhort him
Not to complain of three-score, "the time of obedient
ears."

"On Being Sixty," by Po Chu-i, Arthur Waley (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

THE OLD MEN ADMIRING THEMSELVES IN THE WATER

William Butler Yeats

I heard the old, old men say,
"Everything alters,
And one by one we drop away."
They had hands like claws, and their knees
Were twisted like the old thorn-trees
By the waters.
I heard the old, old men say,
"All that's beautiful drifts away
Like the waters."

"The Old Men Admiring Themselves in the Water," by William Butler Yeats. Reprinted with permission from Collected Poems of William Butler Yeats. Copyright 1948, by Macmillan Publishing Co., Inc.

OLD AGE

Al-Aswad, Son of Ya'fur

If now thou seest me a wreck, worn out
and minished of sight, and all my limbs without strength to bear my body along,
And I am deaf to the calls of love and
lightness of youth, and follow wisdom in
meekness, my steps easy to guide--
Time was I went every night, hair
combed, to sellers of wine, and squandered
lightly my wealth, complaint, easy of mood.
Yea, once I played, and enjoyed the
sweetest flavor of youth, my wine the first
of grape, mingled with purest of rain--
Wine bought from one with a twang in
his speech, and rings in his ears, a belt
girt round him: he brought it forth for
good silver coin.
A boy deals it to our guests, girt up,
two pearls in his ears, his fingers ruddy,
as though stained deep with mulberry juice,
And women white like the moon or
statues stately to see, that softly carry
around great cups filled full with wine--
Kind words they speak, and their limbs
are soft and smooth to the touch, their
faces bright, and their hearts to lovers
gentle and mild.
Low speech they murmur, in tones that
bear no secrets abroad: they gain their
ends without toil, and need no shouting to
win.

"Old Age," by Al-Aswad Son of Ya'fur, Sir Charles Lyall (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

From: INDIVIDUALISM RECONSIDERED

David Riesman

If we observe the aging of individuals, in the period after middle life, it seems to me that we can distinguish three ideal-typical outcomes. Some individuals bear within themselves some psychological sources of self-renewal; aging brings for them accretions of wisdom, with no loss of spontaneity and ability to enjoy life, and they are relatively independent of the culture's strictures and penalities imposed on the aged. Other individuals, possibly the majority, bear with them no such resources but are the beneficiaries of a cultural preservative (derived from work, power, position, etc.) which sustains them although only so long as the cultural conditions remain stable and protective. A third group, protected neither from within nor without, simply decay. In terms more fully delineated elsewhere, we may have autonomous, adjusted, and anomic reactions to aging.

"From: Individualism Reconsidered," by David Riesman. Reprinted with permission. Copyright 1962, Macmillan Publishing Co., Inc.

LOVELIEST OF TREES

Alfred Edward Housman

Loveliest of trees, the cherry now
is hung with bloom along the bough,
And stands about the woodland ride
Wearing white for Eastertide.

Not, of my threescore years and ten,
Twenty will not come again,
And take from seventy springs a score,
It only leaves me fifty more.

And since to look at things in bloom
Fifty springs are little room,
About the woodlands I will go
To see the cherry hung with snow.

"Loveliest of Trees," by Alfred Edward Housman. Reprinted with permission from One Thousand Beautiful Things, by Majorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

OZYMANDIAS

Percy Bysshe Shelley

I met a traveler from an antique land
Who said: Two vast and trunkless legs of stone
Stand in the desert. Near them, on the sand,
Half sunk, a shattered visage lies, whose frown,
And wrinkled lip, and sneer of cold command,
Tell that its sculptor well those passions read
Which yet survive, stamped on these lifeless things,
The hand that mocked them and the heart that fed;
And on the pedestal these words appear:
"My name is Ozymandias, king of kings:
Look on my works, ye Mighty, and despair!"
Nothing beside remains. Round the decay
Of that colossal wreck, boundless and bare
The one and level sands stretch far away."

"Ozymandias," by Percy Bysshe Shelley. Reprinted with permission from An Anthology of World Poetry, Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

HEUREUX QUI, COMME ULYSSE, A FAIR UN BEAU VOYAGE

Joachim du 'Bellay

Happy who like Ulysses, or that lord
That raped the fleece; returning full and sage,
With usage and the world's wide reason stored,
With his own kin can wait the end of age.
When shall I see, when shall I see, God knows!
My little village smoke; or pass the door,
My dear old door of that unhappy house,
That is to me a kingdom and much more?

Mightier to me the house my fathers made,
Than your audacious heads, O Halls of Rome;
More than immortal marbles undecayed,
The thin sad slates that cover up my home;
More than your Tiber is my Loire to me,
Than Palatine my little Lyre there;
And more than all the winds of all the sea,
The quiet kindness of the Angevin air.

"Heureux Qui Comme Ulysse, A Fair Un Beau Voyage," by Joachim du 'Bellay, Gilbert K. Chesterton (trans.). Reprinted with permission from An Anthology of World Poetry, Mark Van Doren (Ed.). Copyright 1928 by Albert Boni, Inc.

POVERTY

Theognis, 540 B.C., Greek

For noble minds, the worst of miseries,
Worse than old age, or wearisome disease,
Is Poverty. . . .

"Poverty," by Theognis, John Hookham Frere (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928 by Albert Boni, Inc.

From: SUMMER IN THE MOUNTAINS

Roger Angell

Mrs. Brockway had been hugging the child close to her for a long time, and now Jane began to struggle under her arm. She pulled herself away and stood up, and Mrs. Brockway was astonished to see that there were tears in her eyes. "Go away for Christmas?" Jane said in a frightened voice. "Where will Mum and Dad be? Won't they be here for Christmas?" Mrs. Brockway was frightened now, too. "Of course they will. You don't have to go away for Christmas if you don't want to." She hadn't meant to go so far with her talk and plans. . . . She caught Jane's hand and pulled her back to the couch. . . . But Jane roughly jerked her arm free and took three quick and defiant backward steps away from her. Mrs. Brockway again reached her hands out toward her granddaughter, and as she searched hopelessly for the words to recapture what she had lost, she suddenly thought she saw on the red, tear-streaked face of the little girl a flicker of expression she had noticed before in the eyes of the young and strong--a bright, animal look of rejection and fear."

"From: Summer in the Mountains," by Roger Angell. Reprinted with permission from The Stone Arbor and Other Stories. Copyright 1949, by Little, Brown and Company.

From: GERMAN INFLATION

Ernest Hemingway

A very nice looking, whitebearded old gentleman saw us buy the apples and raised his hat.

"Pardon me, sir," he said, rather timidly, in German, "how much were the apples?"

I counted the change and told him twelve marks.

He smiled and shook his head. "I can't pay it. It is too much."

He went up the street walking very much as white bearded old gentlemen of the old regime walk in all countries, but he had looked very longingly at the apples. I wish I had offered him some. Twelve marks, on that day, amounted to a little under two cents. The old man, whose life savings were probably, as most of the non-profiteer classes are, invested in German pre-war and war bonds, could not afford a twelve-mark expenditure. He is a type of the people whose incomes do not increase with the falling purchasing value of the mark and the krone.

"From: German Inflation," by Ernest Hemingway. Reprinted with permission by Ernest Hemingway. Copyright 1967, by By-Line Ernest Hemingway, Inc., Charles Scribner's Sons, Crosset and Dunlap.

From: OUR THEATRES IN THE NINETIES

G. B. Shaw

There is only one way to defy Time; and that is to have young ideas, which may always be trusted to find youthful and vivid expression.

"From: Our Theatres in the Nineties," by George Bernard Shaw.

YOUTH, DAY, OLD AGE AND NIGHT

Walt Whitman

Youth, large, lusty, loving--youth full of grace,
force, fascination,
Do you know that Old Age may come after you with
equal grace, force, fascination?

Day full-blown and splendid--day of the immense
sun, action, ambition, laughter,
The Night follows close with millions of suns, and
sleep and restoring darkness.

"Youth, Day, Old Age and Night," by Walt Whitman. Reprinted with permission from One Thousand Beautiful Things, by Marjorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

- - - - -

Small service is true service while it lasts.
Of humblest friends, bright creature! scorn not one:
The daisy, by the shadow that it casts,
Protects the lingering dewdrop from the sun.

--Wordsworth

ON GROWING OLD

Be with me, Beauty, for the fire is dying.
My dog and I are old, too old for roving,
Man, whose young passion sets the spindrift flying
Is soon too lame to march, too cold for loving.

I take the book and gather to the fire,
Turning old yellow leaves; minute by minute,
The clock ticks to my heart; a withered wire
Move a thin ghost of music in the spinet.

I cannot sail your seas, I cannot wander
Your cornland, nor your hill-land nor your valleys,
Ever again, nor share the battle yonder
Where the young knight the broken squadron rallies.

Only stay quiet while my mind remembers
The beauty of fire from the beauty of embers.

Beauty, have pity, for the strong have power,
The rich their wealth, the beautiful their grace,
Summer of man its sunlight and its flower,
Spring time of man all April in a face.

Only, as in the jostling in the Strand,
Where the mob thrusts or loiters or is loud
The beggar with the saucer in his hand
Asks only a penny from the passing crowd,

So, from this glittering world with all its fashion,
Its fire and play of men, its stir, its march,
Let me have wisdom, Beauty, wisdom and passion,
Bread to the soul, rain where the summers parch.

Give me but these, and though the darkness close,
Even the night will bloom as the rose.

"On Growing Old," by John Masefield. Reprinted with permission from Poems by John Masefield. Copyright 1920 by John Masefield, renewed 1948 by John Masefield, Macmillan Publishing Co., Inc.

AWAY

James Whitcomb Riley

I cannot say, and I will not say
That he is dead. He is just away.

With a cheery smile and a wave of the hand,
He wandered into an unknown land,

And left us dreaming how very fair
It needs must be, since he lingers there.

And you--oh you, who the wildest yearn
For the old time step and the glad return--

Think of him faring on, as dear
In the love of There as the love of Here;

And loyal still, as he gave the blows
Of his warrior strength to his country's foes--

Mild and gentle, as he was brave,
When the sweetest love of his life he gave

To simple things; where the violets grew
Pure as the eyes they were likened to,

The touches of his hands have strayed
As reverently as his lips have prayed;

When the little brown thrush that harshly chirred
Was dear to him as the mocking-bird;

And he pitied as much as a man in pain
A writhing honey-bee wet with rain.

Think of him still the same, I say;
He is not dead--he is just away!

"Away," by James Whitcomb Riley. Reprinted with permission from One Thousand Beautiful Things, by Majorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

I LOVE OLD THINGS

Wilson MacDonald

I love old things:
Streets of old cities
Crowded with ghosts
And banked with oranges,
Gay scarfs and shawls
That flow like red water.

I love old abbeys
With high, carved portals
And dim, cool corners
Where tired hearts pray:
I join them in the silence
And repair my soul.

I love old inns
Where floors creak eerily
And doors blow open
On windless nights,
Where heavy curtains
Dance a slow waltz.

I love old trees
That lift up their voices
High above the grasses.
They do not sing
At the light wind's bidding:
They chant alone to storms.

I love old china,
Knowing well the flavour
Of great, strong men
And fair, sweet women
Lurks at the rim
Of each deep brown bowl.

I love old books
Frayed from the searching
Of truth-hungry fingers:
Their warm, soft vellum
Leads me up through sorrow
Like a dear friend's hand.

I love old men
And old, dear women
Who keep red cheeks
As the snows of winter
Keep the round red berry
Of the winter-green

(This verse to be chanted)
I love old things:
Weather-beaten, worn things,
Cracked, broken, torn things,
The old sun, the old moon,
The old earth's face.
Old wine in dim flagons,
Old ships and old wagons--
OLD SHIPS AND OLD WAGONS--
(This line softly)
Old coin and old lace,
Rare old lace.

"I Love Old Things," by Wilson MacDonald. Reprinted from One Thousand Beautiful Things, by Majorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

From: THE OUTSIDER

Colin Wilson

> . . . the lesson that is expressed in the Chuang Tzu book in the story of the Duke of Ch'i and his wheelwright. It tells how the wheelwright saw the Duke reading, and called to ask him what the book was about. "The words of sages," the Duke explained. "The lees and scum of bygone men," the wheelwright said; and when the irritated Duke asked him what the devil he meant by this, the wheelwright told him: "There is an art in wheel-making that I cannot explain even to my son. It cannot be put into words. That is why I cannot let him take over my work and I am still making wheels myself at seventy. It must have been the same with the sages: all that was worth handing on died with them. The rest they put into their books. That is why I said you are reading the lees and scum of dead men."

"The Outsider," by Colin Wilson. Reprinted with permission. Copyright 1956, by Houghton Mifflin Company.

From: A FAMILY MATTER

George P. Eliott

(Gordon is saying to his daughter-in-law:)

". . . let me go kiss the children good night, Martha."

"Very well. I did not realize you liked them that well."

"Nor did I, my dear, until I spent a week at Tahoe in a guest hotel with none but elderly, respectable people."

"Can we come see him, Mommy?" called Aylmer.

"I'm coming right up, children," he said "I have discovered that I am more attached to my grandchilren than I thought possible. One is so conscious of the irritations at the time one is with them, but afterwards that heaven of grandfathers, love without responsibility, is all that is left."

(and)

"Ah, living alone. I thought of that once or twice, but I rapidly put it out of my mind. I even thought of marrying again, but no. I have decided to be old."

"Do you mean that?" asked Martha. "Or are you being ironical as usual?"

"I mean it. The irony is a protection from the pain of admitting it. It is not pleasant to run down, but it is even less pleasant to have to watch yourself doing it."

"Well, even wives get old," she said.

"Yes, but a grandfather is a great deal closer to heaven than a husband. I exist only in relation to others, so that in solitude I would blow up like a balloon and pop. I am what the resistance of others makes me. And grandchildren are like the arms of the acclaiming populace bearing the victor home."

"From: A Family Matter," by George P. Eliott.

LET ME GO BACK

Mark Van Doren

Let me go back to where I began,
If I can find the place.
It was far away and long ago,
And there was a kind of grace
I may not ever,
Having grown old, recover.

I do not even know the time,
Except that it was morning.
It always was; no shadow then
Fell on my soul adorning.
But nights without number
Now are all I remember.

"Let Me Go Back," by Mark Van Doren. Reprinted with permission from That Fine Place, Mrs. Mark Van Doren, widow of Mark Van Doren, Falls Village, Conn.

Other Poems Related to the Topic:

"Four Quartets" by T. S. Eliot
"Why Should Not Old Men be Mad?" by W. B. Yeats
"Under Milk Wood" by Dylan Thomas
"An Old Man's Winter Night" by Robert Frost
"From: The Measure of My Days" by Florida Scott-Maxwell
"From: Everybody's Political: What's What" by G. B. Shaw
"From: The Family Meadow" by John Updike
"Joy" by Ryōkan, Japanese Poet
"From: Captain Shotover in Heartbreak House" by G. B. Shaw

PROSE POETRY SELECTIONS

Religious Perspectives on Aging

In various passages the Bible speaks of old age as a blessing.

God promises Abraham:

> As for yourself, you shall go to your fathers in peace; you shall be buried in a good old age.
>
> Gen. 15:15

> Thus David the son of Jesse reigned over all Israel. The time that he reigned over Israel was forty years; he reigned seven years in Hebron, and thirty-three years in Jerusalem. Then he died in a good old age, full of days, riches, and honor; and Solomon his son reigned in his stead.
>
> I Chr. 29:26-28

> You shall come to your grave in ripe old age, as a shock of grain comes up to the threshing floor in its season.
>
> Job 5:26

With poor circulation, older people often feel cold. A highly unusual method was tried to warm King David's body.

> Now King David was old and advanced in years; and although they covered him with clothes, he could not get warm. Therefore, his servants said to him, "Let a young maiden be sought for my lord and king, and let her wait upon the king, and be his nurse; let her lie in your bosom, that my lord the king may be warm." So they sought for a beautiful maiden throughout all the territory of Israel, and found Abishag the Shunamite, and brought her to the king. The maiden was very beautiful; and she became the king's nurse and ministered to him; but the king knew her not.
>
> I Kings I:1-4

Jacob compares himself with his ancestors:

> And Jacob said to Pharaoh. "The days of the years of my sojourning are a hundred and thirty years; few and evil have been the days of the years of my life, and they have not attained to the days of the years of the life of my fathers in the days of their sojourning."
>
> Gen. 47:9

> Moses was a hundred and twenty years old when he died; his eye was not dim, nor his natural force abated.
>
> Deut. 34:7

> Upon thee have I leaned from my birth; Thou art he who took me from my mother's womb. My praise is continually of thee. I have been as a portent to many; but thou art my strong refuge. My mouth is filled with thy praise, and with thy glory all the day. Do not cast me off in the time of old age; forsake me not when my strength is . . . . So even to old age and gray hairs, O God, do not forsake me, till I proclaim thy might to all the generations to come.
>
> Psalm 71:6-9, 18

> The years of our life are threescore and ten, or even by reason of strength fourscore; yet their span is but toil and trouble; they are soon gone, and we fly away. Who considers the power of thy anger, and thy wrath according to the fear of thee? So teach us to number our days that we may get a heart of wisdom.
>
> Psalm 90:10-12

HIS MOTHER'S SERVICE TO OUR LADY

Francois Villon

A pitiful poor woman, shrunk and old,
I am, and nothing learn'd in letter-lore.
Within my parish-cloister I behold
A painted Heaven where harps and lutes adore,
And eke an Hell whose damned folk see the full
sore;
One bringeth fear, the other joy to me.
That joy, great Goddess, make thou mine to be--
Thou of whom all must ask it even as I;
And that which faith desires, that let it see.
For in this faith I choose to live and die.

"His Mother's Service to Our Lady," by Francois Villon, D. G. Rossett (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928 by Albert Boni, Inc.

UNFAILING

Frances Shaw

When, like a flower, your loved one lies
Beneath the grasses
Sleeping the great sleep,
Go out unlonely to the folding hills--
They will not let you weep.

When one by one your dreams have stolen by,
And blackness fills the night,
And pain and care,
Reach up for comfort to the leaning sky--
The coming of the dawn is still a prayer.

"Unfailing," by Frances Shaw. Reprinted with permission from One Thousand Beautiful Things, by Majorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

A SIOUX PRAYER

Grandfather, Great Spirit, you have been always, and before you nothing has been. There is no one to pray to but you. The star nations all over the heavens are yours, and yours are the grasses of the earth. You are older than all need, older than all pain and prayer.

Grandfather, Great Spirit, all over the world the faces of living ones are alike. With tenderness they have come up out of the ground. Look upon your children, with children in their arms, that they may face the winds and walk the good road to the day of quiet.

Grandfather, Great Spirit, fill us with the light. Give us the strength to understand and the eyes to see. Teach us to walk the soft earth as relatives to all that live.

Help us, for without you we are nothing.

AUTUMN

Detlev von Liliencron

A flock of crows high from the northland flies,
On their dark wings the evening sunshine plays.
Below the Ursulines' calm convent lies
And an old man dreams in its garden ways.
From the cool chapel float the harmonies
Upward in rapture deep of peace and grace
And fall and fade . . . all sound of living dies
While the old man unto Our Lady prays.

"Autumn," by Detlev von Liliencron, Ludwig Lewisokn (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928 by Albert Boni, Inc.

Other Poems Related to the Topic:

Found in Sir Walter Raleigh's Bible (written the night before his death).

PROSE POETRY SELECTIONS

Death and Dying

From IKIRU

Akira Kurosawa

Man is such a fool. It is always just when he is going to leave it that he discovers how beautiful life can be. And even then, people who realize this are rare. Some die without ever once knowing what life is really like. You're a fine man, you're fighting against death --that's what impresses me. Up until now you've been life's slave but now you're going to be its master. And it is man's duty to enjoy life; it's against nature not to. Man must have a greed for life. We're taught that that's immoral, but it isn't. The greed to live is a virtue.

"Ikiru," by Akira Kurosawa. Reprinted with permission. Copyright 1968, by Kurosawa Productions, Simon and Schuster.

NO, I AM NOT AS OTHERS ARE

Francois Villon

No, I am not, as others are,
Child of the angels, with a wreath
Of planets or of any star.
My father's dead, and lies beneath
The churchyard stone: God rest his breath!
I know that my poor old mother
(And she too knows) must come to death,
And that her son must follow her.

"No, I Am Not as Others Are," by Francois Villon, Arthur Symons (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

HERACLITUS

Callimachus, Greek Poet

They told me, Heraclitus, they told
   me you were dead,
They brought me bitter news to hear
   and bitter tears to shed.
I wept as I remembered how often
   you and I
Had tired the sun with talking and
   sent him down the sky.

And now that thou art lying, my
   dear old Carian guest,
A handful of gray ashes, long,
   long ago at rest,
Still are thy pleasant voices,
   thy nightingales, awake;
For Death, he taketh all away,
   but them he cannot take.

"Heraclitus," by Callimachus, William Cory (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

WALK SLOWLY

Adelaide Love

If you should go before me, dear, walk slowly
Down the ways of death, well worn and wide,
For I would want to overtake you quickly
And seek the journey's ending by your side.

I would be so forlorn not to descry you
Down some shining highroad when I came;
Walk slowly, dear, and often look behind you,
And pause to hear if someone calls your name.

"Walk Slowly," by Adelaide Love. Reprinted with permission from One Thousand Beautiful Things, by Marjorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

LET NOT MY DEATH BE LONG

Leonora Speyer

Let not my death be long,
But light
As a bird's swinging;
Happy decision in the height
Of song--
Then flight
From off the ultimate bough!
And let my wing be strong,
And my last note the first
Of another's singing.
See to it, Thou!

"Let Not My Death Be Long," by Leonora Speyer. Reprinted with permission from One Thousand Beautiful Things, by Marjorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

TO____________

Percy Bysshe Shelley

Music, when soft voices die,
Vibrates in the memory--
Odors, when sweet violets sicken,
Live within the sense they quicken,

Rose leaves, when the rose is dead,
Are heaped for the beloved's bed;
And so thy thoughts, when thou art gone
Love itself shall slumber on.

"To____________," by Percy Bysshe Shelley. Reprinted with permission from One Thousand Beautiful Things, by Marjorie Barrows (Ed.). Copyright 1947, by The Spencer Press, Inc.

MOURNING DUONG KHUE

Nguyen Khuyen

You've gone forever, this time,
Leaving everything muted and pain sharp in my heart.
We were graduated together--how could I forget?--
Always together, always,
Always.
It was Heaven that let us meet!
We wandered together
To mountain streams,
To tall terraces
Where we sang with the sing-song girls.
We sipped wine together
Out of golden cups.
Our friends around us
We walked of poetry
Together.
We went through life together,
Uncomplaining. It did not matter.
You grew old. So did I.
You should have left it at that.
We grew too old to visit,
But three years ago I saw you, for the last time,
I held your hands, asked you, asked you.
Glad your mind was so clear.
I was the older,
I was even ill before you were, that last time.
Why so anxious to be back in Heaven?
I was almost broken by the news.
One should tire of the world, yes,
But why hurry to join the immortals?
What good is wine, without you?
It is not lack of money, but I buy no wine.
Should I write a poem? Perhaps. But for whom,
Who will read it as you did?
The spare bed is stored away, forever this time.
I pick up the lute, it sounds hollow.
We begged, but you were eager to go.
I can only remember you, love you in memory.
An old man's tears evaporate like dewdrops:
What's the use of squeezing them out?

"Mourning Duong Khue," by Nguyen Khuyen, Burton Raffel (trans.). Reprinted with permission from The Vietnamese. Copyright 1968, by B. Raffel, October House, Inc.

AFTER

Pastel soft peach,
gray, purple edged
clouds spread
through a chalk blue
sky.
Soft sadness stills
frenetic supper
preparations.
Tears slide
sideways down
nose, off
chin to
mingle with
dishwater growing
cold.

"THE
LORD

I recall:
Softness
of lips;
eyes caressing,
holding;
touch tender
firmness;
intertwined fingers-
spirits.

GIVES,

Sighing, I shake
myself and
step into the den
to tune in Walter
and the World.
There,
on the other
side of the
tree a bright
orange, fuzzy edged
construction paper sun
pauses,
contradicting the
barely pink
mouse-gray
cloud tracings
across the faded
baby blue non-
sky.

THE
LORD

TAKES AWAY,

Brilliant pain
doubles me over
mid stride:
you are gone.

Darkness crawls in
the back door;
Walter says:
"that's the
way it
is."

BLESSED

BE

THE

LORD

--AMEN

--C. L. Wheeler
Permission granted by
author.

THE OLD FAMILIAR FACES

Charles Lamb

I have had playmates, I have had companions,
In my days of childhood, in my joyful school-days;
All, all are gone, the old familiar faces.

I have been laughing, I have been carousing,
Drinking late, sitting late, with my bosom cronies;
All, all are gone, the old familiar faces.

I loved a love once, fairest among women;
Closed are her doors on me, I must not see her--
All, all are gone, the old familiar faces.

I have a friend, a kinder friend has no man;
Like an ingrate, I left my friend abruptly;
Left him, to muse on the old familiar faces.

Ghost-like I paced round the haunts of my childhood.
Earth seemed a desert I was bound to traverse,
Seeking to find the old familiar faces.

Friend of my bosom, thou more than a brother,
Why wert not thou born in my father's dwelling?
So might we talk of the old familiar faces--

How some they have died, and some they have left me,
And some are taken from me; all are departed;
All, all are gone, the old familiar faces.

"The Old Familiar Faces," by Charles Lamb. Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928, by Albert Boni, Inc.

From: THE BONES OF CHUANG TZU

Chang Heng

I was a man of Sung,
Of the clan of Chuang; Chou was my name.
Beyond the climes of common thought
My reason soared, yet could I not save myself;
For at the last, when the long charter of my
   years was told,
I too, for all my magic, by Age was brought
To the Black Hill of Death.

From "The Bones of Chuang Tzu," by Chang Heng, Arthur Waley (trans.). Reprinted with permission from An Anthology of World Poetry, by Mark Van Doren (Ed.). Copyright 1928 by Albert Boni, Inc.

Other poems related to the topic:

"Do Not Go Gentle Into That Good Night", by Dylan Thomas

BACKGROUND ON SEXUAL ATTITUDES

The reaction of many people not familiar with the field of aging services to the competency and objectives that relate to the myths and realities of sex in elderly is either "Isn't that their own private business?" or "How can that be a problem?"

A person's sex life is their own private business, but unfortunately, the myth that older people do not enjoy or engage in sex has, in many instances, caused others to make living arrangements for these elderly that make it difficult for them to have the privacy necessary for a meaningful, full sex life. This is a rightful concern of members of the helping professions' team who are trying to help older Americans achieve maximum independence and fullness of life.

Also, attitudes toward sex, including everything from flirting to sex outside of marriage, vary greatly among all people of all ages. There is no consensus in our society today as to what is "right" and "proper" or "wrong" and "improper". Because of this confusion, what one person views as a friendly expression of caring concern may be interpreted by another as a sexual overture resulting in misunderstandings and hard feelings.

The purposes of these strategies and case histories are the following:

1) to sensitize potential Home Helpers to the fact that an older man or woman is not a sexless gnome, but rather a person who is capable of sexual feelings, desires and needs;

2) for Home Helpers to recognize that each individual has her own cultural, religious background that affects how she views physical encounters between people of the opposite sex;

3) to help Home Helpers learn how to communicate clearly, with minimal embarrassment, about these issues so that misunderstandings can be avoided or dealt with constructively; and

4) to help Home Helpers be sensitive to the sexual needs of their clients and help insure them the privacy of living arrangements needed for independence and fulfillment in this area of their lives.

In field testing situations where some of the learners were working while being trained, several had experiences similar to those outlined in the case histories and were relieved to have an opportunity to discuss ways of handling them better. If some of your learners are working, they may have experiences to share that can enrich the discussions in this area.

A sense of humor that recognizes the emotional reactions the subject of sex often illicits in people balanced by an awareness of the importance of these issues will be helpful in teaching these strategies.

DEATH EDUCATION

In the play, Julius Caesar, Shakespeare says:

> "Of all the wonders that I yet have heard
> It seems to me most strange that man
> should fear;
> Seeing that death, a necessary end,
> Will come when it will come."[1]

In this speech, Shakespeare acknowledges the paradox that death is both inevitable and feared greatly. It is just this paradox that makes understanding death, the realities of the physical death process and one's own emotional reactions to death in any of its forms, so important for persons on the helping professions' team working with aging services.

All people die. Most people die when they are old. A person working with the elderly is much more likely to experience the death of some of her clients than someone working with children. The death may be a tranquil one but sudden, with the person "just not waking up one morning." Or the death can be a gradual, generally peaceful, "fading away" with the older person growing weaker over a period of time, so that all are aware, "Grandpa is dying." Or the death can come with pain and anguish as the result of an illness or operation. Whatever form the death may take, those who are involved with the life of the person who died, including any in the helping professions' team, will have many emotional reactions to the loss of that person.

One of the main feelings they will experience is fear--fear of their own death, fear of the unknown. If the one who is supposed to be the helper does not honestly face the fear, but instead runs from it and all his other feelings--anger, guilt, temporary loss of faith, relief, etc.--he is not free to really help the person who is dying or the family and friends who survive, and his own life is thrown out of balance for awhile.

For someone who is planning on being a member of the team of helping professionals who work with aging services, it is important that she have an opportunity to learn the facts about the death process and to confront her own feelings about death. As a learner goes past his fear (unfortunately this is an area that many professionals have only recently begun to come to grips with and a trained Home Helper might well be in a situation where she is better able to cope with these feelings than the physician: Note Death Attitudes, Case History #3)) and learns the realities of death--actually sees and learns what one does with a person who dies at home; touches a dead person; learns how the mortician does her job, and what role the family can play in the process etc.-- some of the fear vanishes. Questions have been answered and the aura of mystery caused by a lack of knowledge has been dispelled. Then as a learner begins to be able to identify and share her feelings about death with the teacher and the other learners and knows that anger and relief are both natural reactions in the grief process, along with sadness, guilt and all the other feelings, her own feelings seem less strange, more acceptable and can be dealt with in constructive ways.

---

[1] Shakespeare, William. Julius Caesar. Boston and New York: Ginn and Company, 1939. Act II, Sc. 2, line 32.

The strategies on death are some of the most important in the entire curriculum. The many resources should be read carefully by you as the teacher early in your preparation for teaching the course so that as you get to know the learners, you can begin to decide which of the resources will best meet their needs. Also, if you have not yourself given much thought to death and your own feelings about it, this early preparation will give you time to explore your own feelings with a fellow professional and allow you to be more comfortable in the teaching of these strategies. When you actually teach this section, you should be willing to share fully with the learners your own reactions, thoughts and feelings so you can be a model to them and reassure them as they first begin to deal with this emotionally-packed topic.

Needless to say, this is a topic that should not be rushed through. You should allow adequate time for each learner to deal with all of his feelings about this topic before moving on. Also, though the strategies do not call for it, this is a place where you may want to have a psychiatric social worker, psychiatrist, psychologist, minister or other member of the helping professions, who has had training in this particular field, to come in as a co-teacher.

One of the most important of the resources is the little book, How to survive the loss of a love. It is important because it recognizes that life is full of many losses--not just the loss of someone through death--and that as one deals honestly with one's feelings about each of these other losses, one is preparing oneself for dealing with the big loss: death. As you go throughout the course together, you and the learners will experience losses in your personal lives and together as a group. In fact, if the group has grown close during the training, the end of the course itself will be a fairly large loss. You can make use of each of these occasions of a loss in the life of a member of the entire group to continue the process of death education begun with these strategies. (You will note that the Evaluation of the Course strategies contain some elements of "grief work".)

Finally, what you and the learners share in the process of reaching competency on these two objectives can be a very meaningful and freeing experience. It can enable you to cut through pretensions and roles to engage each other as your true selves--with all your foibles and weaknesses, your beauty, uniquenesses and strengths. Do not let your own natural feelings of fear and trepidation at teaching this section stop you from exploring death with yourself and your fellows so that you may all be more responsive and professional caregivers and live fuller lives.

Module III
Appendix B
Strategy 1.4.1
1.4.2
1.5.1

VALUE CLARIFICATION: DEATH ATTITUDES

Purpose:

1) To help learners become more aware of the types of life and death decisions that sometimes must be made, some of which are a result of our advanced technology and did not confront people two decades ago.

2) To help each learner become more aware of his own value system as it relates to these life and death issues.

3) To help each learner become more sensitive to and respectful of the value systems held by other people as they relate to these issues.

Materials Needed:

Newsprint and felt-tip pens

A sheet of paper for each group with the appropriate information on it for that exercise.

Time: About 30 min. for each exercise.

Exercise 1:

Divide the class into groups of 4 to 6 each. Tell them that each group is a committee in a hospital that must decide who will receive a kidney transplant. There are seven candidates for the transplant whose tissues match that of the donor, but only one can be chosen. The remaining four will die within several months. They are to reach consensus on who will receive the transplant, their second choice for the transplant and who would be the *last* choice. They are to be prepared to defend their decision. Give them about 10 to 15 minutes. Then call them back together and ask each group to report. Note on newsprint decisions and reasons of each group. Facilitate a discussion with the entire group looking at the value systems that were revealed, any similarities or differences. Make sure everyone understands there is no *right* answer. Ask if there would be any other way of making such a decision, except by a committee, and facilitate a discussion of the options. Ask if they would want to serve on such a committee, who should be on such a committee?

Should it be all physicians?
All professionals?

What would they think of asking the group of patients to decide. What should happen if a patient chose to receive the transplant, decided to refuse the transplant?

The seven candidates for the transplant are:

1. A young man (early 20's) who is considered a musical genius.
2. A woman physician, (late 30's) who is a medical researcher in multiple sclerosis, and who is on the verge of a breakthrough in her work.
3. A business executive (late 50's) whose wife is in a mental institution and has two children, 17 and 24.
4. An alcoholic (early 30's) divorced, who has three children, ages 3, 5, and 9.
5. A child, age 7.
6. A young man (late 20's) widower with one child, age 4.
7. A politician and statesman, age 65, who has recently been appointed Ambassador to the U.N.

Exercise 2:

Same basic procedures as Exercise 1. The situation for this exercise is the following:

Pretend you and a friend are traveling cross-country. You are in New Mexico on a long stretch between towns and seldom see another car. You come upon a car accident and stop. All of the occupants of the car are critically injured. All have lost a lot of blood and are only barely still alive. There is an elderly man, a middle-aged man and woman, a teenager and a child about 6 or 7 years old. The nearest town is about an hour's drive away. You are driving a small sports car.

What would you do?

Drive on, seeking help?

Stay and wait for help?

Leave your friend to wait for help and put one of the injured in the car to take to the hospital in the next town? If so, who would you take? Why?

Drive on, knowing they were all going to die anyway?

After groups have discussed it about 5 minutes, give them these questions to consider. Allow another 10 minutes for them to reach a consensus on what to do, then call back to report to large group and proceed as in Exercise 1.

Exercise 3:

Same procedures as in Exercise 1 and 2.

Stage One:

You are a middle-aged woman who has recently lost your only child, a young man of 23, to leukemia. Your husband is in a hunting accident and is shot in the head. The doctor wants to do surgery. Without the surgery, your husband will die. With the surgery, he has a 50-50 chance to live, but the brain may be so damaged he may be a vegetable for the rest of his life. The doctor must know your decision in 10 minutes or it will be too late to do surgery. The doctor cannot give you any idea of what the chances are that your husband will be all right or be a vegetable if he has the operation and lives.

What would you do? Why?

Stage Two:

You decided to go on with the operation. It is 6 weeks later; the operation saved the life of your husband, physically, but his mind is gone. He sits and stares all day long, must be fed, diapered, bathed, dressed, moved from place to place, etc. Occasionally he has had extreme, uncontrollable outbursts striking out at everyone and everything around, once knocking you down and breaking your arm.

The doctor has given you powerful tranquilizers to give him to prevent this from happening. The doctor has warned you that you must give them only on schedule because an overdose would kill your husband.

What would you do? Why?

VALUE CLARIFICATION: PERSONAL DIFFERENCES

PURPOSE: to enable participants to recognize, value and utilize their differences in a positive way.

TIME: 1 hour, approximately.

MATERIALS: 5" x 8" cards and pencils for the participants.

INSTRUCTIONS: The teacher should give a brief explanation of the purpose of the exercise, making the point that we tend to respond to the similarities to ourselves that we detect in others, but rarely to the differences. This exercise is designed to help us learn to recognize the differences between ourselves and others, to see the positive qualities in these differences, and to respond to and utilize them contructively. You should then distribute the pencils and cards to the participants, and instruct them to:

a) in the center of the card: write their names, or whatever they would like to be called during this exercise.

b) in the upper left-hand corner; briefly describe an occasion when they were valued for their differences as a person.

c) in the upper right-hand corner; indicate differences between themselves and other group members that could be utilized positively in relationship between Home Helper and his client.

d) in the lower left-hand corner; briefly describe an occasion when they recognized/valued/utilized another person's differences earlier in the course.

e) in the lower right-hand corner: list what they fear most when others confront them with their differences.

When the participants have completed this task, the teacher should ask them to build two sub-groups by "pairing," or selecting partners, on the basis of acceptance of the differences which they have identified in themselves (upper right-hand corner of the card). Participants should circulate, examining each other's cards until they find someone with an identified difference they feel they can accept, value and utilize. The partners should then form two concentric circles, one member of each pair taking a position in the inner circle and the other member taking a position in the outer circle. Those in the inner circle should share, compare and become known for their differences, and then try to determine ways these differences could be utilized in the Home Helper-Client relationship. Those in the outer circle should assume the role of observers and consultants to their partners in the inner circle. The teacher should stop the process when the participants appear to have completed this task and should ask the partners to switch roles, moving from the inner circle and vice versa. They should then repeat the process.

Sample Card:

Someone told me they believed I was brave for adopting two children

I am a perfectionist about details

"C.B."

I asked Juanita if she could help me learn more about how it feels to have a partial hearing loss.

I am afraid other people will feel I'm eccentric

Adapted from Parents and Teachers, Vol. 1. Parent and Teacher Education series Wilson, G. B., ed. Wingate, B., Humanities Press, 1974.

WARM-UP EXERCISE 1

Purpose:

1. To enable learners to become more sensitive to their preconceptions about aging.

2. To enable learners and teacher to get to know one another better and feel more comfortable sharing feelings.

Materials:

Several large sheets of newsprint, variety of colored felt-tip pens, magazines/catalogues, scissors, and glue.

Time:

Approximately one hour.

Divide the class into four groups. Provide each group with above supplies. Ask each group to create pictures/posters which demonstrate or are symbolic of concepts given them. They should be able to explain their picture to the entire group. Each group creates three pictures/posters.

Group 1: (a) golden age, (b) needs of elderly, (c) strengths of elderly

Group 2: (a) senior citizens, (b) role of elderly in society, (c) problems of elderly

Group 3: (a) older Americans, (b) role of elderly in families, (c) needs of elderly

Group 4: (a) the typical older person, (b) the ideal older person (i.e., how you'd like to be at age 70 or so), (c) elderly-young person relationship

Allow approximately 30 minutes.

Groups hang picture/posters up around the room and silently circulate and look at all of them. Each group explains their pictures, answering questions from other groups.

Teacher facilitates a discussion of the pictures/posters, noting similarities and differences in pictures developed by the different groups and encouraging learners to share their feeling responses to the pictures/posters.

Allow approximately 30 minutes.

WARM-UP EXERCISE 2

Purpose:

1. To enable learners to become more sensitive to their pre-conception about aging.
2. To enable learners and teacher to get to know one another better and feel more comfortable sharing feelings.

Materials:

You will need: fresh grapes and raisins,
OR fresh and dried apples,
OR fresh plums and dried prunes.

You will need enough of each item for half the group. Also, you will need newsprint and a bold felt marker, or chalkboard and chalk.

Time:

Approximately 45 minutes.

Divide group into pairs and have learners introduce themselves to each other, telling their name, age, why they are interested in working with the elderly, and what bothers them most about caring for older persons. (Approximately ten minutes).

Give each pair one grape and one raison (or fresh and dried counterparts of other fruits). Instruct each pair to view the fresh fruit as a small child, under three years of age, and the dried fruit as an elderly person, over seventy-five years of age. They are to "get acquainted" with each of their children and elderly; to find any distinguishing marks or characteristics on each; to discuss the needs of each; and to suggest what a caregiver/attendant for each would need to know to be able to meet their needs. (Approximately fifteen minutes).

Bring the full group back together. Each person introduces the partner to the entire group. Each pair reports on their child and elderly, their special characteristics and needs. The teacher lists the things reported on the chalkboard or newsprint. Each group then reports on what a caregiver would need to know or to be able to do to meet those needs. Teacher lists those things reported. The entire group discusses the parallels and differences in needs of children and elderly and of their respective caregiver/attendants.

Note: A light touch and a sense of humor should be the approach to this exercise.

AUDIO VISUAL DISCUSSION GUIDE

Title: Aging Color 30 min. 16 mm. film

Source: Psychology Today

Sound and Photography: Both good.

Synopsis: Presents basic information on aging, especially social and emotional aspects. Also explores some of the stereotypes and realities of aging. Last section of the film deals with social policy issues relative to the needs of aging now and as seen in the future. Gets very technical in places, but almost always defines terminology.

Recommendations for Use:

If other films are not available, can be used with mature, low-level readers to get basic information on part of the aging process. Also can be used by an individual learner partially in lieu of or to reinforce and support basic reading on aging. Would want to show more than once to get all the information.

Suggested Discussion/Study Questions:

1. What are the stereotypes of aging? Which is considered the worst in the film? Why? Do you agree? Why? or why not?
2. What are the realities of aging presented by this film?
3. What are social gerontologists? What have they discovered about aging?
4. What are the Activity and Disengagement Theories of aging? How do they differ? Is one of these theories "right" for all older people? Which one do you think will apply to you as you age?
5. What is: a Reorganizor personality? Holding-on personality? Disengaged personality? What do you think would be the characteristics of the other five personality types by looking at the people pictured to represent each?
6. What are the biologists looking at in relation to aging? What is the relationship between the social gerontologist's and the biologist's work? What does their work have to say about how our society needs to change for the future? Do you agree? Why or why not?

7. What does the film suggest will be the economic impact on our society as a whole if retirement age stays the same and the number of healthy and ill elderly continues to increase? What new policies most need to be considered?

8. How did you feel about growing old at the end of the film? Hopeful? Discouraged? Other?

9. What can you do now to keep planning for and creating a better future for the elderly (yourself included)?

AUDIO VISUAL DISCUSSION GUIDE

Title: The art of age   Color   27 min.   16 mm. film

Source: Gerontological Film Collection (rental film #MP641), North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Sound track is clear; photography good.

Synopsis: Tells the stories of four elderly persons who are retired and all have a positive view of their lives. There are two men and two women who have a wide range of interests and different ways of being involved with life, though basically from a middle-class perspective. Film comes with some suggested discussion questions. Movie ends with flashes of the hands of each, the face of each and the hands of the artist around a sculpture of a mother and child.

Recommendations for Use: Previewing by discussion leader helpful, but not necessary. Use to facilitate a discussion of individual differences and value clarification. This could be used alone or in conjunction with Nell and Fred, Making Perspectives Count and Raisin Wine.

Recommendations for Additional Use:

This film can be used also in Module V in facilitating a discussion of the different options open to people after retirement.

Suggested Discussion Questions:

1. Immediately at end of film ask each learner to write down a) how she felt about closing sequence, and b) what he thinks the artist's hands around the mother-child statue symbolizes? Save and close discussion with these questions.

2. What did you feel about each of the four people presented in the film? Did you want to be like any of them when you retire? Why or why not?

3. How were they alike? How were they different?

4. Do you think they are typical elderly persons or extraordinary? Why?

5. Do you think their philosophies of retirement are real possibilities for the elderly poor? Why or why not?

6. What values did they hold in common? What did they differ on? Do their values and yours conflict? Could you work with each as a Home Helper? Why or why not?

Module III
Appendix B
Strategy 1.4.1
1.4.2
1.5.1

AUDIO VISUAL DISCUSSION GUIDE

Title: The day Grandpa died   Color with black and white   11½ min.
16 mm. film

Source: BFA Educational Media, 2211 Michigan Avenue, P.O. Box 1795, Santa Monica, California 90406

Sound and Photography: Both excellent.

Synopsis: The film begins and ends with David, a boy about 8 years old, playing with a friend. As David and his friend part in the first scene, David tells his friend, "I'll be here," then walks into the house to hear that his grandfather has just died. Film shows David's reaction to the death with his mother, father and the Rabbi, all supporting him in his grief. Uses flashbacks to show special relationship David had with his grandpa. Shows the funeral and the shoveling of dirt onto the casket. Film comes with some suggested discussion questions.

Recommendations for Use: To facilitate a discussion of the ways people react to the death of an old person and how to help children deal with this type of a loss.

Suggested Discussion Questions:

1. What was the symbolism of the opening and closing scenes? Of the flashback to David and his grandpa planting a tree together?
2. What did the mother do or say to help David? When did David cry? Why? What did the Rabbi do or say to help David? What did David do to help himself?
3. Could you identify any of Kubler-Ross' five stages of grief in David or the rest of the family? Which ones?
4. Why was it important for David to attend the funeral?
5. How did this film affect your own understanding of death and children? What would you do if you were a Home Helper to older person who had a grandchild, the older person died and the parent of the grandchild wanted to "protect" the child and not let her go to the funeral?

AUDIO VISUAL DISCUSSION

Title: Death Black/White 43 min. 16 mm. film

Source: Filmakers Library, Inc., 290 West End Avenue, New York, N.Y. 10023

Sound and Photography: Overall both are good. Occasionally jiggling of camera results in slightly out of focus sections, but these are not too disturbing.

Synopsis: Shows death education/therapy seminars for physicians, nurses and nurses aides at Calvery Hospital in New York City who care for terminally ill cancer patients. Staff candidly discuss their feelings about working with the dying and how they view their job. Also shows procedures for handling a dead body from closing the eyes of the dead through the morgue to funeral home. Last section of film shows the final weeks in the life of a 52-year-old man. Explores the concerns and feelings he, his family and friends, as well as the hospital staff, have about his impending death.

Recommendations for Use:

Preview by discussion leader helpful. Should be viewed after basic introduction to death education and the stages of grief. Good preparation for a group particularly anxious about death before going on field trip to morgue or funeral home to view a dead body.

Suggested Discussion Questions:

1. What were your feelings at the end of the film? What did you feel about the way the doctors and other hospital staff talked with and treated the patients?
2. What was your gut reaction to the scene where the dead man was wrapped up and taken to the morgue?
3. What impact did words of the sermon in the chapel in juxtaposition to the people in the chapel and in the scene just before the chapel have on you? Why?
4. Could you identify any of the 5 stages of (anticipatory) grief identified by Kubler-Ross in the patients, the family? Which ones?
5. What were the patients saying they wanted the most? Could this be provided only by a hospital? Could a family/Home Helper have provided any of the care at home?
6. How do you feel about your own death after viewing this film? How do you feel about the possibility of taking care of a dying person?
7. If you were dying, what do you think you would want most from the people around you? Would you want to be in a hospital or at home?

AUDIO VIDUAL DISCUSSION GUIDE

Title: How could I not be among you? Color and black and white 30 min.
16 mm. film

Source: Horizons in the Life Cycle, Inc., 290 West End Avenue, Suite 1A, New York, New York 10023. Rental: $35.00 Sale: $350.00.

Sound and Photography: Both very good.

Synopsis: Tells the story of a young poet, Ted Rosenthal, married and with children, who learns he has leukemia and will probably die. Film follows him through the final year of his life. It begins and ends with a poem by Ted Rosenthal. Narration comes from all his own writings.

Recommendations for Use:

Preview by discussion leader helpful. To help learners explore their own feelings about death.

Suggested Discussion Questions:

1. How did you feel at the end of the film?
2. Of all that Ted Rosenthal said about death and dying, what was the most meaningful to you? Why?
3. Identify the different stages of grief he went through during the film. Did he experience all 5 that Kubler-Ross has identified?
4. Early in the film, Ted told of his reaction when people told him that he was feeling what everybody else does. What do you feel about his reaction? Do you think that it was fairly typical? How could the same reassurance be given without making the person feel less important or put down?
5. What is your feeling about Ted's statement that, "You can live a lifetime in a moment, a day, so prolonging life is not a farce."
6. What is your reaction to Ted's feeling that it is not death one is afraid of, but rather incompleteness? Why?
7. What was Ted trying to say when he said that dying is a drag?
8. Why do you think Ted was scared when he was told he might have a chance of surviving?

9. Do you agree that we are all basically alone?

10. What did Ted mean when he spoke of living in the moment? Not for the moment? Which do you do? Which would you like to do? Why?

11. What changes in your life would you make if you knew you only had one year to live? Why?

AUDIO VISUAL DISCUSSION GUIDE

Title: Inside and outside   Black/White   29 min.   16 mm. film.

Source: Gerontological Film Collection (#MP521), North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Film is technically very well made. Clear sound and excellent photography.

Synopsis: Film begins and ends with older people in the streets. Compares and contrasts lives of the elderly "Inside" with those "Outside", i.e., in an institutional setting or living independently. There is no narration; only comments from the elderly themselves. Film raises more questions than it gives answers, though on the whole it supports life outside. Film shows some marvelous, expressive faces.

Recommendations for Use:

Preview helpful, but not essential for discussion leader. Use to facilitate discussion of aging process and individual differences among the elderly and how they view their own situation.

Recommendations for Additional Use:

Could be used in Module I to show the need for Home Helpers. Also could be used in Module IX on legal/ethical questions of who should have the right or responsibility to decide if an older person goes into a nursing home, goes to live with the family, or stays by herself some place else?

Suggested Discussion Questions:

1. How did the film make you feel? Did the film have a message? If so, what was it?

2. In the inside section, what did you like the most? What bothered you the most? Why?

3. Were nursing homes shown to be bad? Are there some people they would be right for?

4. Do you think the first woman interviewed should have been allowed to live - and die - at home?

5. What do you think about what the woman said about people doing things for her and the others in the home? What is the difference between doing something for someone and with someone? Why is the difference important?

6. How did you feel as you saw the woman working in the day care center? The man fiddling? Woman weaving? People in senior center? Man working on farm? Which of these most fit your view of your own old age? Which best fits it? Why?

7. How did you feel about the woman living in the boarding house? Do you think she should have gone to live with the daughter? Why? Why not? Do you consider her situation a safe one for her?

8. What seemed to be the main difference between those in this film--either interviewed or just shown in clips--who seemed happy and satisfied about where they were and those who weren't?

AUDIO VISUAL DISCUSSION GUIDE

Title: Just a little time   Color   22 min.   16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. Rental film #MP653

Sound and Photography: Excellent photography. Sound track has some trouble when voices get soft. Also Kubler-Ross's words are occasionally hard to understand.

Synopsis: Tells the story of a 49-year-old woman who is dying and her primary nurse at the hospital Kubler-Ross talks with patient and nurse who talk about their feelings in the relationship. Carries them through a several month's period of time.

Recommendations for Use:

Preview by discussion leader important because of sound track problems and a lot of material is included in such a short film. Can be shown all in one piece followed by a discussion on the emotional impact of the film on viewers then rewound and re-shown in sections, discussing content of each section. Shows ways one can help a terminally-ill person despite one's own feelings about death. Takes the information on the grief process presented in Kubler-Ross's film, Until I Die, one step farther.

Suggested Discussion Questions:

1. How did you feel about the opening discussion on death? How did you feel at the end of the film? What was your gut reaction to the scenes of the hospital shown in black and white without any sound?
2. What was your gut reaction to the scene of the hand stretched out stopping the person coming toward the patient's room? Who do you think was being stopped? Why?
3. What was the primary concerns of the dying woman? of the Nurse?
4. Why was the woman unable to cope with her depression even though she realized she was depressed? What helped?
5. What did the nurse do that helped the patient deal with her feelings? Did the nurse always feel like she knew what to do and say?
6. Was the nurse easily able to get close to and involved with her patients?

AUDIO VISUAL DISCUSSION GUIDE

Title: May your years be long in this beautiful place Black/White
30 min. 16 mm. film

Source: American Association of Retired Persons, 215 Long Beach Blvd., Long Beach, California 90801

Sound and Photography: Both good.

Synopsis: Film takes primarily a sociological view of aging as it relates to housing needs. Also discusses some of physical needs of elderly that relate to housing needs. Discusses roles of federal and state governments in meeting housing needs. Suggests some alternatives and raises the right questions. Emphasis throughout film is on individual differences.

Recommendations for Use:

Can be used to present information on some of the social aspects of aging, especially as they relate to housing problems and needs. Also can be used to facilitate discussion of the importance of recognizing and respecting individual differences in the elderly when trying to plan for their needs. Then can be used as a tool to facilitate a discussion on how one can help an elderly person (and his family) evaluate needs when making a decision about housing/retirement.

Suggested Discussion Questions:

1. According to the film, how are the elderly alike? How are they different? Do the differences reflect age variables or social backgrounds more?
2. What are some of the physical problems of the aging process that affect housing needs? Shoud adaptations of housing or other environments to meet these needs be obvious? Why?
3. What is the difference between grouping and isolating in housing? Is one right for most elderly people? Why or why not?
4. What, according to this film, determines what type of person you are as an old person? Do you agree? Why or why not?
5. According to this film, how do people find meaning and satisfaction in their life? Are older people more-or-less interested than middle-aged in doing something of social significance? What is a meaningful contribution in the film? In your value system? Why?

6. What are the functions of a senior center?

7. What is the role of federal government, or state governments and other groups in developing housing for the elderly?

8. What are congregate living facilities? What do they provide? Do you think you would want to live in one? Why? Would a person living in one ever have need of a Home Helper? Why or why not?

9. According to the film, what are two major fears of the elderly? of the elderly's children? Does this agree with what you have learned about aging thus far? Why or why not?

AUDIAL VISUAL DISCUSSION GUIDE

Title: Making retirement constructive Black and White 13 min. 16 mm. film

Source: American Association of Retired Persons, 215 Long Beach Blvd., Long Beach, California 90801

Sound and Photography: Sound track clear; photography average.

Synopsis: Begins by giving a brief developmental view of three major stages in the human life cycle and discussing how one bridges from one stage to another. Main part of the film is an interview with Mrs. Glenn, a retired Missionary who is over 100 years old.

Recommendations for Use:

Preview by discussion leader essential. Use with one of the films on Reality Orientation and the learner appendix on the Role of the Past in the Present to facilitate a discussion on the limits and strengths of Reality Orientation.

Recommendations for Additional Use:

Can be used as a profile of an elderly person to be referred to throughout course where impact of individual differences on work of Home Helper is to be discussed. Can be used in relation to discussions of interviewing techniques, Module IV, 1.4.1 and 3.2.1.
Can be utilized as part of the discussions of social and emotional processes of aging and their effects on one elderly woman. (Module III, 1.3.1).

Suggested Discussion Questions:

1. What are the three phases of life described by the film?
2. What is the bridge between Stage 1 and Stage 2?
3. Is there a bridge between Stage 2 and Stage 3?
4. How is Mrs. Glenn handling her retirement?
5. What is the role of the past in her present life? Does she "live" in the past? Is she out of touch with reality? The present?
6. What do you think would be the impact on her present life if no one took some time to listen to her memories of the past?
7. What interviewing techniques were used in the interview with Mrs. Glenn?
8. What was the attitude of the woman interviewing Mrs. Glenn?

9. What did you feel when Mrs. Glenn was telling the story of her cutting off the finger of the Negro child? How would you handle that as a Home Helper?

10. How did you feel about Mrs. Glenn at the end of the film? Could you work with her as a Home Helper? Why or why not?

AUDIO VISUAL DISCUSSION GUIDE

Title: Nell and Fred Black/White 29 min. 16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203.

Sound and Photography: Both excellent.

Synopsis: Tells the story of two poor, elderly persons who are friends and who live together in a small house. Each has some physical disabilities and they help each other. The community builds a new retirement apartment with nursing facilities. They are both eligible to live there. The story tells of the process each goes through in deciding whether to move into the complex or not.

Recommendations for Use:

Preview helpful to discussion leader. Show as contrast to the situation in the Rights of Age for discussion about Protective Services and when the community should step in and legally enforce protection.

Recommendations for Additional Use:

Could be used along with Raisin Wine, The String Bean, The Art of Age and Making Retirement Count to facilitate learner discussion of differences of values, economic status, cultural heritage, personalities, etc.

Suggested Discussion Questions:

1. What was the process that Fred and Nell each went through in trying to decide to move or not to move? What were each one's concern at first?
2. How did you feel about each one's decision? How did you feel when Fred decided to leave the center and go back to Nell's house? Do you think it was just the money? Why or why not?
3. What did you feel about what the man at the nursing home said to the group waiting to go through the center? What was his attitude toward the elderly? What was the attitude of the social worker who came to Nell's home?
4. Should Nell and Fred be allowed to continue living at her house? Under what circumstances, if any, should they not? Why?
5. What other services could the community have provided Nell and Fred to better protect them from possible accidents and yet let them maintain their independence?

AUDIO VISUAL DISCUSSION GUIDE

Title: Other people make me feel old Color 30 min. 16 mm. film

Source: Gerontological Film Collection (#MP655), North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Sound track clear, photography very good.

Synopsis: The film is divided into three parts. Parl I introduces some of the main problems of aging through a mixture of interviews with elderly persons and giving facts about aged. Part II symbolically traces the life cycle through an interpretative dance sequence. Part III focuses on some basic questions about our society's approach to aging and death, and attitudes of some of the basic institutions which deal with the elderly. This is a film which focuses on some of the very real problems a lot of elderly face and asks more questions than it gives answers.

Recommendations for Use:

Preview by discussion leader important. Use to not only present facts of aging, but also cultural attitudes and value systems that affect the elderly and how agencies and governments try to meet their needs. Each part should be shown and discussed separately. Dance sequence needs introduction by discussion leader so rich symbolism can be looked for by learners.

Recommendations for Additional Use:

Part II, the dance sequence, can be used by itself, or with the Trigger films (especially To market, to market and Tagged) to facilitate a discussion on basic cultural attitudes toward aging. Simione de Beauvie's, and Robert Butler's, Why service? are good background reading for the discussion leader. The dance sequence section can also be used with Module III Strategies on Death.

Suggested Discussion Questions:

A. Part I

1. What is freedom? Are the old free?
2. Do you agree that most young people cannot imagine being old?
3. What are the economic realities for most elderly people today? Why is their situation worse than that of the people at the time of the Great Depression?
4. What is senility?

5. One of the people interviewed says, "They're trying to make me feel old . . . you'll find out when you're older." Do you think she is a little paranoid or is she perceiving the real attitude of society?

6. Have you even unthinkingly pushed an older person into the background, or discounted an older person's ideas because he is old?

B. Part II.

1. What is the view of aging presented in this dance sequence?

2. What role did the fountain play? How is the clock used?

3. What happens to the two dancers as they "grow old?"

4. What does the dance sequence say about death? Grief? What is the meaning of the flowers given by the one dancer to the widow?

5. How did you feel at the end of the dance sequence?

C. Part III.

1. What is the relationship betweeen the way we view death and the way we treat the aged?

2. How does society measure one's worthiness?

3. What symbolic role does the hearse have in the way we go about meeting the needs of the elderly?

4. What is the symbolic role of the nursing home?

5. How does the nursing home director view death and his patients? Compare and contrast his view with that of the elderly woman interviewed about death.

6. How are senior centers better than nursing homes? Why are they still not the answer?

7. What role does the family play in taking care of their own elderly? What are the problems faced by families today who have elderly people? Does society affirm and support the families that try to take care of their own?

8. What should aging mean? Even if one has a positive attitude toward one's own aging, what does one's body often say?

9. Do you think aging should be looked at as a disease? Do you think research ought to try and slow down the aging process? Why or why not?

10. What are some of the programs that have helped some of the elderly? What are their limitations? Should programs be designed just to meet problems of elderly or to also capitalize on their strengths and resources?

11. What did you think about the death insurance policy? What does the view of the insurance man who wants the elderly woman to not cause her children to have any expense at her death say about human relationships and responsibility? Do you agree? Why or why not?

12. When, according to the film, do we think about the elderly? Do you think this and the other attitudes presented in the film are true in your own community? in the U.S. today? Why or why not?

AUDIO VISUAL DISCUSSION GUIDE

Title: The priory method   Color   20 min.   16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. St. Mary's Prior Extended Care Hospital, Victoria, British Columbia.

Sound and Photography: Sound track clear; photography good quality "home movies."

Synopsis: Tells the story of how a full range of Reality Orientation techniques were put to use in a Catholic Priory Hospital with elderly patients to provide a restorative milieu. Dramatically illustrates the recovery of the patients' minds and bodies from an almost semi-vegetable state to active, alert participation in the life of the hospital and eventaully the community as a whole. Illustrates all the facets of a total milieu approach to rehabilitation and prevention in facilities for the aged. Shows the full range of the physical, emotional and social disabilities that are associated with aging.

Recommendations for Use:

Preview by discussion leader helpful. Very rich film to which one can refer throughout the course. Can be shown in sections, discussing each section before going on to the next one. Use to illustrate severe disabilities that can be associated with the aging process and facilitate learner recognition of these disabilities, their emotional reactions to them and how many of the disabilities can be modified by the attitudes and techniques used by the persons working with the elderly. Use to facilitate discussion of the full range of interrelated factors that need to be recognized to produce an effective restorative program.

Recommendations for Additional Use:

Can be used in discussions concerning basic communication skills, respect, touching, and cherishing. Can be used in a discussion of values, the role of "work" in the elderly person's life, the relationship of the elderly and the community, or the psychological aspects of aging. Can be used in relation to discussions of mobility and appropriate physical exercise for the elderly.

Suggested Discussion Questions:

1. What philosophy of care aids and abets the physical, emotional and social deterioration of the elderly?

2. What is the basic philosophy of the Priory Method? What value did they place on pride and self-esteem when developing their program?

3. What type of work and arts and crafts opportunities did they feel were important to the program?

4. How did they develop their exercise program? How was it integrated into the total program? Give some examples of exercise with a purpose.

5. What role was played by each of the following:

   a. gardening
   b. pets
   c. hobbies and individual interests of patients
   d. volunteer groups
   e. children and other young people
   f. parade
   g. uniforms of staff
   h. "operation wheelchair"
   i. parties

6. How long did the program take?

7. How did you feel at the first of the film? At the end?

8. What was used to symbolize the success of the program?

9. How could this approach be utilized by a Home Helper? Whose help would the Home Helper need to make it effective? (i.e. who would be on this "team" in a home setting?)

10. Give some specific examples of activities used in the film that a Home Helper could adapt to the home setting.

AUDIO VISUAL DISCUSSION GUIDE

Title: Raisin wine Color 15 min. 16 mm. film

Source: American Association of Retired Persons, 215 Long Beach Blvd.,
Long Beach, California 90801

Sound and Photography: Clear sound track; good photography

Synopsis: Personal story of Harry Oliver, retired widower in mid seventies. Tells of his feelings about retirement, leisure, loneliness, etc.

Recommendations for Use:
Preview helpful to discussion leader but not essential.
Show as a basis for discussion about the following:

a) emotional impact of retirement on an elderly man;

b) types of activities an elderly man found meaningful after retirement;

c) what is loneliness; what is independent living

Recommendations For Use:

Good film portrait of an Older American. Could be used along with Nell and Fred, The string bean, The art of age, and Making retirement count to facilitate learner discussion of differences among the elderly in their approach to old age/retirement due to differences of values, economic status, cultural heritages, personalities, etc.

Could be used by an individual learner in lieu of written profile or direct contact with Older American resource person as base for working up individualized social-recreational plans, menus, Home Helper/Client Agreement, etc.

Suggested Discussion Questions:

1. How did you feel at the end of the film?
2. How would you describe Harry Oliver? What facts did you learn about him?
3. What role did his past play in his present life?
4. How did he view retirement? Leisure? Loneliness?
5. What values shaped his views?

AUDIO VISUAL DISCUSSION GUIDE

Title: The string bean   Black/White with color   17 min.   16 mm. film

Source: Gerontological Film Collection (#MP652), North Texas State University Main Library, Denton, Texas

Sound and Photography: Both excellent; high quality film with excellent cinematography techniques utilized.

Synopsis: Story of an old woman living alone in an apartment in Paris who sews in her apartment to make money. Story focuses on her finding a discarded flower pot with a dead plant, taking it home, planting some beans in the pot and tending them as they grow.

Recommendations for Use:

Preview essential for discussion leader. Use to set the stage for the learning in the area of communication and human relations skills. Do not turn on lights and begin discussion immediately, instead allow a time for silence in the dark at the end of the film.

Recommendations for Additional Use:

Nell & Fred, The art of age, and Making retirement count could be used in conjunction with Raisin wine, to facilitate learner discussion of differences of values, economic statuses, cultural heritages, etc.

Suggested Discussion Questions:

1. How did the film make you feel? about aging? about yourself?
2. How did you feel about the woman in the film when: the film started? She first had to go out into the hall to get her water? When she locked up her room to go outside? As she was going down, and later up, the stairs? She picked up the discarded plant? She planted seed and tended the plant? She took the plant to the park and planted it there? She has the plant discarded? She picked the beans? At the end of the film?
3. What meaning for you did the color section of the film have?
4. What do you think the rain at the end of the film symbolized?
5. No words were spoken in the film - how did it communicate? How did you listen? What did the woman's room, clothes, face and hands tell you about her?
6. Do you think the woman had a meaningful life? Would monev have made it any more meaningful?

7. If you are comparing her to the lady with arthritis in The art of age, which one's life do you think is more meaningful? Why? What is the value system of each?

8. Could you be happy as the woman in this film? Why? or Why not? Do you think she was happy?

AUDIO VISUAL DISCUSSION GUIDE

Title: Trigger films   Color   14 min.   16 mm. film

Source: Gerontological Film Collection (#MP560), North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Clear sound track; excellent photography. Good cinematography techniques used to enhance emotional impact of each segment.

Synopsis: Five very short films, each complete in itself. Each deals primarily with one particular issue in aging--economics, employment, service centers, nutrition and independence.

Recommendations for Use:

Preview by discussion leader important. For best discussion of issues raised, show one segment, stop, discuss it and show another segment later when appropriate. Because film is so short, it is easy to utilize this way. For strongest emotional impact, show all the way through delaying discussion until the end. Can combine two methods doing either way first.

Can be utilized by an individual learner, but films beg for discussion and illicit a lot of feelings so teacher needs to be available to discuss film with learner.

Recommendations for Additional Use:

Refer back to film throughout course. Shows communication skills (or their lack), non-verbal communication, nutrition-related concerns, legal/ethical concerns, etc.

Suggested Discussion Questions:

A. Film One: To market, to market . . . shows an old woman doing her grocery shopping.

1. How did you feel when

   the woman was checking the heads of lettuce?

   when the camera focused on her gloved hand?

   when she pulled off one banana?

when the young woman bumped into her at the next counter?

when she held out her money and food stamps?

when the checker called out?

2. How do you think the old woman felt about her shopping? About using food stamps?

3. What messages did the other people in the store give the old woman?

4. How do you feel about people who use food stamps: Would you use food stamps if you needed to? Why or why not?

5. Is there anyway shopping with food stamps could one make more humane?

B. Film Two: Mrs. P. . . . story of woman working with children about to be fired because of physical limitations.

1. How did you feel listening to Mrs. P. talk about her job knowing she was about to be fired?

2. Do you think the young woman really knew Mrs. P.?

3. Other than economic, what role did work play in Mrs. P.'s life?

4. What effect do you think the firing would have on Mrs. P.'s life? How do you think she will react to being fired? Why?

5. If you had been her employer, would you have fired her? What could have been done to compensate for her problems so that she could keep on working?

C. Film Three: The center. A senior group playing cards in a church close to where a youth group is meeting.

1. What was your first reaction to the card players?

the loud music?

the boy looking in the door?

the faces of the elderly when they noticed the door open?

the girls putting on makeup?

the woman who looked into the bathroom?

2. What was the message the elderly and the young people were giving to each other?

3. Why do you think the boy peeked into the room?

4. If you were going to write an "ending" how would it go? Why?

5. If someone tried to get the elderly and the young people to think about each other's needs and perspectives, would they be helping or meddling where it was none of their business? Why?

D. Film Four: Dinner time. This film shows an elderly woman living alone, fixing her supper and starting to eat it.

1. How did you feel: as the woman went through an obvious routine? as she carried her food in and sat down to eat? What impact did the chandelier, silver and candles on the table have on you?

2. What do you think the woman was feeling? Did the woman's face and manner match the music? Why do you think she had the silver and candles?

3. Do you think she had a sight problem? Was her kitchen safe?

4. Was her meal nutritionally adequate?

E. Film Five: Tagged. In this film, a moving man was moving all of an old woman's things out of her house.

1. How did you feel when

   you first saw the face of the woman?

   heard the man say that "everything goes"?

   saw the woman with the tag in forefront?

   saw the view of the woman from above?

   voice said, "Everything that's tagged," and the woman sat in rocker with her hand clutching the tag?

2. What do you think was happening? Do you think the woman had chosen fully to move? Why or why not? If not, why do you think she was moving? If so, why do you think she was moving?

3. What were the movers communicating to the woman? How did they view her?

4. How do you think you would have felt if you were the woman in the film?

5. From what you've learned about aging, do you think this film portrays a common problem? Why or why not?

6. What was the total impact of this particular film? Did you feel angry? helpless? frustrated? Sad?

AUDIO VISUAL DISCUSSION GUIDE

Title: Until I die   Color   30 min.   16 mm. film

Source: Gerontological Film Collection, (Rental Film #MP505), North Texas State University Main Library, Denton, Texas 76203.

Sound and Photography: Photography excellent with some very sensitive cinematography symbolism utilized. Sound good on whole. Kubler-Ross's words difficult to understand sometimes.

Synopsis:

Tells the story of the death education/therapy seminars developed by Kubler-Ross. Goes through her basic theory of the 5 stages of (anticipatory) grief. Shows interviews with several different patients and discussions with medical staff. One section deals with death of children. Narration by Kubler-Ross.

Recommendations for Use:

Preview by discussion leader important due to some problems and emotional impact of content. Can be viewed in sections stopping and discussing each section before preceding. Can be used by entire group or an individual learner with reading limitations to get basic introduction to death education, its importance, and the grief process. Sets the stage for discussions of learners' own experiences with and feelings about death, grief, etc.

Recommendations for Additional Use:

Can also be used in a discussion of ethics and values and how they relate to the way one copes with death.

Suggested Discussion Questions:

1. How has our society generally dealt with death in the last couple of decades? What does it mean to say we are a "death denying society?"

2. What did you feel during the section of the film that showed the hospital scenes in quick flashes?

3. Who needs to talk about death? Why?

4. What are the 5 stages of (anticipatory) grief experienced by most people who know they are going to die? Do all people experience them in the same order? To the same intensity? What about the families and medical staff?

5. What did you feel during the scene when the woman in pink was putting on her lipstick? Pity? Repulsion? Other? What did you feel during the scene when the woman was turned away in bed and the hand clutching the pillow?

6. What is one of the deaths that is most difficult to deal with? Why? Does this fact that it is more difficult to deal with the death of a child than an old person mean we value old people less than children? Why?

7. How do children deal with death? What did the picture of the cannon symbolize? The Peace Bird?

8. The camera showed the faces of the medical staff watching Kubler-Ross interview the dying patient. What feelings did the faces show? Why do you think each was feeling what he was? How did you feel during this part of the film?

9. What is the difference between your gut reaction to something and your ideas about something? Why do you think gut reactions are so important to Kubler-Ross?

10. The film showed a young black woman who was definitely going to die because she (nor the state) couldn't afford the treatment that might have extended her life. What ethical questions are raised by her case? How do you feel about the issues? How do you think you would have felt if you were she and you knew lack of money was the only thing that was keeping you from a better than 50-50 chance of survival.

11. Kubler-Ross' concept of death is of peace. What is your concept of death? Why?

12. What did the flowers shown at the end of the film symbolize? How did you feel about them? Where were the thorns, bugs, etc.

AUDIO VISUAL DISCUSSION GUIDE

Title: Where old age begins   Black/White   30 min.   16 mm. film

Source: Gerontological Film Collection (rental film #MP508), North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Both good. Presented in a lecture style with little visual variety, but well done for that style of film.

Synopsis: Part of a nurse training series of films. For a lecture style it is well executed. Contains information on the aging process, especially physiological changes, the decline of function when it occurs, and the maintenance of health in old people.

Recommendations for Use: Can be used to present basic facts of the aging process, especially physiological ones to learners with sight or reading difficulties. Can be used by an individual learner effectively. Contains a lot of information. Film may need to be shown all the way through, then reshown, stopping it to discuss points as they are made, (or to allow learner(s) to take notes) and then going on with the film.

Recommendations for Additional Use:

Can also be used as review of physical changes of aging and major health-related problems in Module VIII on Meeting Health Care Needs.

Suggested Discussion Questions:

1. What is human growth and development?
2. In the study made of 3,200 persons 100 years or older, what was learned about their physical aging and health status? What were the things that these elderly said were the biggest problems to them physically?
3. What does this film say are the main problems professionals have in dealing with aging? How could some of these problems be helped or solved?
4. What does the film say about acute and chronic illness in old age?

    attitude toward death?

    independence-dependence of elderly?

    retirement?

5. What is the paradox of medical (biological) gerontology?

6. What did you learn about aging from this film that you think will be helpful to you as a Home Helper? As a person who is aging?

AUDIO VISUAL DISCUSSION GUIDE

Title: Perspective on aging: Implications for teaching Color with record and script 15 min. Filmstrip

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Record clear, pictures good and syncronated well with sound.

Synopsis: Examines the physical changes that accompany aging and the manner in which the body systems and functions are affected by them. Designed primarily for health care personnel so contains some technical terminology, but is generally good about defining and explaining terms used.

Recommendations for Use:

Preview helpful, but not essential. Because a filmstrip can so easily be backed up and sections reshown, it is particularly good for use with an individual learner who is working on her own or for learners with reading limitations. Presented in sections. Could stop and discuss each.

Suggested Discussion Questions:

1. What are the reasons that have been given for why older people can't learn? Are they true?
2. What factors do effect the way an older person learns? How do they effect the learning process?
3. How can someone adapt to the physical changes to enable an older person to learn?
4. What is presbyopia? What else effects ability to read? What can be done to accommodate these changes?
5. What is presbycusis? What can be done to accommodate these changes? Why do some people refuse to wear hearing aids?
6. What is dysarthria? What can be done to accommodate these changes?
7. What is the work ethic? What is its effect on someone who retires?
8. What other sociological factors effect reading and learning in elderly people?

AUDIO VISUAL DISCUSSION GUIDE

Title: Perspective on aging: Myths and realities Color with record and Script 13 min. Film strip.

Source: Concept Media, 1500 Adams Avenue, Costa Mesa, California 92626

Sound and Photography: Record clear, pictures good and synchronated well with sound.

Synopsis: Designed primarily for health care personnel so contains some technical terminology, but is generally good about defining and explaining terms used.

Recommendations for Use:

Preview helpful, but not essential. Because a filmstrip can so easily be backed up and sections reshown, it is particularly good for use with an individual learner who is working on her own or for learners with reading limitations. Presented in sections. Could stop and discuss each.

Suggested Discussion Questions:

1. What does old mean? Is it the same for everyone?
2. What are the major problem areas of old age? What are the realities in many of these areas?
3. Retirement: When does it occur? What happens after retirement? What are some of the reasons why some people take a passive uninvolved role after retirement? What could society learn from retired persons in relation to our present achievement-oriented goals? Is retirement the only time in life when we can enjoy other dimensions of life?
4. What does "intimacy of distance" mean?
5. On the whole, is old age negative or positive?
6. What do older people need?
7. What did you learn from this filmstrip that would help you as a Home Helper?

AUDIO VISUAL DISCUSSION GUIDE

Title: Perspective on aging: Physical changes and their implications
Color with record and script 18 min. Filmstrip

Source: Concept Media, 1500 Adams Avenue, Costa Mesa, California 92626

Sound and Photography: Record clear, pictures good and synchronated well with sound.

Synopsis: Examines the physical changes that accompany aging and the manner in which the body systems and functions are affected by them. Designed primarily for health care personnel so contains some technical terminology, but is generally good about defining and explaining terms used.

Recommendations for Use:

Preview helpful, but not essential. Because a filmstrip can so easily be backed up and sections reshown, it is particularly good for use with an individual learner who is working on her own or for learners with reading limitations. Presented in sections. Could stop and discuss each.

Suggested Discussion Questions:

1. What factors determine the variables in the different ways people age?

2. Does age affect only part of the physical systems?

3. What are the physical changes in each of the following due to the aging process? What are the consequences of these changes?

   skin and hair
   hearing
   nervous system
   musculoskeletal system
   respiratory system
   cardiovascular system
   gastrointestinal system
   elimination system

4. What is the general overall impact of all of these changes? Who notices the changes the most--the person, himself, or those around him?

5. People who understand these changes can accommodate for them. Give some ways the aging person can accommodate for the changes. Give some ways those around the older person can accommodate for these changes.

6. Why do so many people seem to have more difficulty adapting to the special needs of aging than they do to the special needs of infants and young children?

7. What did you learn that will help you as a Home Helper? As a person dealing with your own aging?

AUDIO VISUAL DISCUSSION GUIDE

Title: Perspectives on death series Color with records and script
15 min. each 16 mm. filmstrips

Source: Concept Media, 1500 Adams Avenue, Costa Mesa, California 92626

Sound and Photography: Both good.

Snyposis: Series of filmstrips prepared for use in nursing education programs on attitudes toward death, death education, grief, and counseling with dying patients. Fairly technical, basically lecture approach. Uses medical terminology.

Recommendations for Use:

Previewing helpful. Use if films are not available.

Suggested Discussion Questions:

Utilize basic questions on Just a little time, Until I die, and Death films.

Develop additional questions from terms defined in filmstrips.

AUDIO VISUAL DISCUSSION GUIDE

Title: Getting through: A guide to better understanding of the hard-of-hearing 33½ min. record

Source: Zenith Radio Corporation, 6501 West Grand Avenue, Chicago, Illinois 60635 1971

Sound: Excellent for its purposes.

Synopsis: Gives background information on basic types of hearing losses. Then gives demonstrations of the way things sound to people with different hearing losses, and what they hear with a hearing aid. Gives examples of how one can do simple things to make one's voice sound clearer to a person with a hearing loss. Has a hearing "test".

Recommendations for Use:

Preview helpful. Utilize with small groups of learners to help them get a feeling of the frustrations of one who has a hearing loss and to practice with each other the speaking techniques that can be used to make oneself as understandable as possible by someone with a hearing loss. Use again in Module IV to strengthen these skills as they relate to communication skills in general.

Suggested Discussion Questions:

1. Take hearing "test". How did you feel during the test? Frustrated? Angry? Other? How did you do on test?
2. What are some causes of hearing loss? What tones do most hard-of-hearing hear best? Least?
3. What does a hearing aid do? Can they help all hearing losses
4. What can one do to make oneself more understandable by someone who is hard-of-hearing without a hearing aid? With a hearing aid? What should one not do in communicating with someone who is hard-of-hearing.

IV HUMAN RELATIONS SKILLS

COMPETENCIES AND OBJECTIVES

The learners will be able to:	The learners will:
1. Utilize verbal and nonverbal communication skills in working with the aging.	1.1 Understand the basic elements of effective communication.
	1.2 Demonstrate the ability to listen attentively.
	1.3 Understand and utilize effectively elements of nonverbal communication.
	1.4 Demonstrate the ability to communicate clearly and respectfully with the aging.
	1.5 Demonstrate the ability to use various Reality Orientation techniques appropriate for use with the elderly.
	1.6 Understand and demonstrate techniques of interviewing individual aging Americans.
	1.7 Demonstrate ability to communicate effectively with aging Americans who have individual differences due to personal, ethnic or cultural reasons.
2. Understand and utilize problem-solving and decision-making skills in their work with the aging.	2.1 Identify and utilize the elements of decision-making and problem-solving, their similarities and differences.
3. Demonstrate the ability to use appropriately stress-reducing techniques in working with the aging.	3.1 Recognize times when they or their client might be under stress.
	3.2 Identify and demonstrate some simple stress reducing techniques that they can use on the job as a Home Helper.

CONTENTS FOR: IV HUMAN RELATIONS SKILLS

COMPETENCIES AND OBJECTIVES IV-2

CONTENTS FOR HUMAN RELATIONS SKILLS IV-3

DIRECTIONS TO THE TEACHER IV-5

- Orientation to Module IV IV-6
- Evaluation of Module IV IV-8

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES IV-11

REFERENCES IV-47

- Books IV-47
- Pamphlets IV-47
- Periodicals IV-47

RESOURCES IV-48

- Films IV-48
- Filmstrips IV-48

APPENDIX A: LEARNER INFORMATION SHEETS

- Technique of Openness IV-A1
- Reality Orientation: Letter from Bruce London IV-A3
- Sample Reality Boards IV-A5
- Reality Orientation: Awareness Pretest/posttest for Older Americans IV-A6
- The Role of the Past in the Present IV-A8
- Sample Decision Making Situations IV-A10
- Sample Problem Solving Situations IV-A11
- Profiles IV-A12

APPENDIX B: TEACHER INFORMATION SHEETS

- Warm-Up Exercise 3 . . . . IV-B1
- Warm-Up Exercise 4 . . . . IV-B3
- Reality Orientation IV-B4
- Systems Analysis Approach to Decision Making IV-B7
- Three Stress-Reducing Exercises IV-B9
- Audio Visual Discussion Guides:
  - A Time to Learn: Reality Orientation in a Nursing Home IV-B11
  - The Confused Person: Approaches to Reality Orientation IV-B13
  - December-Spring: Twenty-Four Hour Reality Orientation IV-B14
  - Old Peoples' Home: A Poetic Essay on Aging IV-B16
  - Peege IV-B18
  - The Priory Method IV-B20
  - The String Bean IV-B22
  - The Therapeutic Community IV-B24

IV DIRECTIONS TO THE TEACHER

The competencies in this module lie in the affective area. They are the key to how a learner will perform as a Home Helper and so will interface with all of the other competencies in the rest of the modules. The goal is that the acquisition of these skills, and the greater self-understanding they will bring, will enable each learner to perform all of the Home Helper tasks with empathy and respect for each individual client she serves, recognizing and cherishing both the uniqueness and the humaness of each Older American.

Because these competencies lie in the affective area, the strategies suggested involve role-playing, sensitizing exercises and sharing of feelings. If these are strategies the teacher is neither familiar with nor has had any training in utilizing, it is recommended that the teacher invite a certified member of the counseling profession* from the community to lead these sessions (or work with the teacher in leading them) the first time the course is taught. Such a professional can give you supervision throughout, enabling you as the teacher to develop skills and sensitivities in this area. This will have a positive effect on your teaching in general.

If the teacher has had experience and training in utilizing these types of strategies, you will still want to have available professionals in your own community whose advice can be sought or to whom you could refer should a learner have feelings uncovered in these exercises that he is having difficulty handling.

Each group of learners will of course, be unique both as individuals and how they react as a group. The pacing of this module will need to be geared to each particular group. Learners who have never participated in these type exercises before will need to move along slowly. They will also need to have opportunities to speak individually with the teacher so that they can share with you that which is troubling or frightening them and you can provide needed positive feedback and support.

Even with groups that are more accustomed to these types of strategies, you need to stay sensitive to times when feelings get particularly tense or intense and the group needs a break before proceeding. Occasionally you may need to set aside and work on the specific objective to reach out to and support an individual learner who is struggling with intense feelings, or adjusting to new insights they have gained into themselves.

The main resources for the teacher are starred in the list of References and Resources (p. IV-47-48). The two that are in handbooks for in-service training are easy to use with any learner group. The book by Keltner is more theoretical and will provide you, as teacher, with basic understandings of communication to enable you to teach these strategies.

---

*e.g., psychiatrist, psychiatric social worker, psychologist, psychiatric nurse or school counselor.

The exact makeup of each group of learners will determine how much you will need to adapt the information to make it understandable and interesting to them. With many learner groups, this will be a module where much vocabulary building will take place. The exercises at the end of each chapter in Keltner can be used with any learner group with minimum adaptation.

Hopefully by the time you teach this module, the get-acquainted exercises will have enabled each learner to be comfortable sharing feelings and honestly appraising her own strengths and weaknesses with you and the group. If this is the case, all learners should be able to participate in all of the exercises in this module. Remember however, not to force any learner to take an active role or any particular role in the exercises. The areas that a learner has difficulty with should be noted and discussed with the learners in an individual conference. The inability of a learner to participate in some of these exercises can help you and the learner assess those situations that he would want to avoid as a Home Helper, or where he would need outside support from a professional in the community or whether he should continue in training.

The job of Home Helper will not be right for everyone. The ability of a learner to recognize that she will not be comfortable as a Home Helper and to look for another type career is as important as another learner completing the training successfully.

The pre assessment for this module was given earlier to help you ascertain how much formal knowledge about communication skills each learner has, so you could better plan your strategies. Because the competencies are affective, there is no way to "test out" of this module. A final assessment of each learners' competency must be made by you and the learner together based upon experiences you have shared.

NOTE: If this module is being team-taught, teacher for this module needs to talk with other teachers on the team to get to know the background of each learner.

ORIENTATION TO MODULE IV

Purposes:
1. To set the mood for the learnings of this module.
2. To help learners focus on their feelings.
3. To help learners see the importance of honest, accurate, caring communication in one's relationships even when it seems physical problems keep the other person from hearing.

Setting the Stage:

Preview film that will be shown. Tell learners in advance that film will be shown and that it will be "framed in silence". (See below). Make a poster using the following quotation by Plato:

> "He who is a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition, youth and age are equally a burden."

Materials Needed:

Poster with quotation
Newsprint and felt-tip markers
Materials for warm-up exercise chosen
Kleenex
Pre-test assessments for Modules VII, VIII and IX

Film: Peege or The String Bean, or

Filmstrip: Old Peoples' Home

Procedures:

The teacher will call the learners' attention to the poster. Ask them to think about the quotation and what it means as they watch the film and also the warm-up exercise.

Show the film, Peege. (Have kleenex available; if it is not available, use The String Bean. If this is not available, use the filmstrip, Old Peoples' Home--poetic essay on aging).

Frame the film in silence: ask learners to sit quietly before and after the film. When all are quiet, turn out the lights, pause for about 10 seconds and then turn on film. When film is over, leave the lights out while learners sit in silence. After 30-45 seconds of silence, reach out and take hand(s) of person(s) nearest you, softly asking learners to all do the same. Let silence continue and the 30-45 seconds before dropping hands and turning on lights.

Have learners rearrange themselves into a circle for the discussion. Utilize the appropriate Audio Visual Discussion Guide (Appendix B) to facilitate a discussion of the film.

Have learners do Warm-Up Exercises 3 or 4 , from Appendix IV-B1 and IV-B3.

Both should be approached with a sense of having fun as well as learning. Facilitate a discussion with the learners on both exercises, focusing on (1) the basic elements of communication, and (2) their feelings as they participated in the exercises. Ask them to give examples of their own experiences when accurate, effective communication was important and what factors in those experiences influenced the accuracy and effectiveness of the communication.

Summarize the discussion on the film and the warm-up exercise. Relate discussion to the importance of human relations and communication skills in all facets of the Home Helper's job. Also relate discussion to quotation by Plato. What is the essential wisdom of the quotation? Does it say one cannot grow and change behavior? Post objectives for Modules IV and V to give learners a general idea of strategies that will be utilized and how this module will be evaluated.

Administer pre assessments for Modules VII, VIII and IX with proper instructions and adaptations.

NOTE: If this is being team-taught, teacher who taught Module III needs to also participate in this Orientation to provide learners with a better transition to the teacher who will teach this module. If a professional from the community is being used to help the teacher, she needs to participate in this orientation also.

EVALUATION OF MODULE IV

Purposes:

To enable teacher and learner to cooperatively ascertain if the learner has met all of the objectives of Module IV.

To enable each learner to evaluate herself, with the support of the teacher, and to determine if she should continue training to become a Home Helper or should find another occupation that makes better use of her strengths.

Setting the Stage:

Provide a place for private, individual conferences. (See suggestions in Module II Evaluation). Set up a table with refreshments for the learners to enjoy as individual conferences are being held.

Materials Needed:

Post Assessment for Module IV
Pencils and paper (blank tapes and tape recorder for those who have difficulty writing).
Coffee, tea or other beverage and snacks made from recipes in Module VI (appendix, p. VI-A17).

Procedures:

The teacher will summarize learnings from entire module, re-emphasizing the important role these human/communication skills will play in remainder of course and in their roles as Home Helper.

Administer Post Assessment:

Have individual learners write a self-evaluation including information on what they have learned about communication, their ability to be self-observant, to accept constructive feedback on their own communication skills, how exercises have made them feel, and what support they feel they need from teacher/other learners during remainder of the course.

Ask each to specify what objectives, if any, he does not feel he has met, why, and what he might be able to do to meet the objectives.

Evaluation should include the strengths each perceives in herself.

In individual conferences, discuss self-evaluations check list for behavioral evidence of competency and results of post assessment.

Cooperatively decide if learner's strengths are those which indicate he should continue training to become a Home Helper. If so, but some communication skills, etc., need to be worked on further, make a written plan with the learner of how he can continue to work on these skills during work on Module V.

If not, have learner evaluate what other job opportunities are available in the community where her strengths and talents could best be utilized. Help learners deal with her feelings about ending training at this point. (These may include, but not be limited to, anger, sense of failure, guilt, relief, sadness, etc.). Help learner recognize that this decision shows a great deal of self-insight and maturity. Help learners share decision to terminate training with other learners in a positive way and help all deal with their feelings at the loss of a member of the group. If appropriate, provide learner with a letter of recommendation. Put a written summary of the conference, and the evaluation, discussions, etc., that is signed by both teacher and learner into the learner's professional folder.

CHECK LIST FOR BEHAVIORAL EVIDENCE OF COMPETENCY

IN HUMAN RELATIONS SKILLS

Each of the following are critical objectives that lead to the projected competency. As the student is able to give evidence of the particular skill, the instructor can validate the performance.

	Date	Initial
A. Verbal and Nonverbal Communication Skills:		
1. Listen attentively	______	______
2. Utilize effectively elements of non-verbal communication	______	______
3. Communicate clearly and respectfully	______	______
4. Use Reality Orientation techniques appropriate for use with elderly	______	______
5. Interview effectively.	______	______
6. Communicate effectively with elderly person with cultural/personal differences from oneself	______	______
B. 1. Use decision-making skills	______	______
2. Use problem-solving skills	______	______
C. 1. Use appropriate techniques of stress-reducing.	______	______

COMPETENCY-BASED
TEACHING MODULE

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging.	1.1 understand the basic elements of effective communication.
	1.2 demonstrate the ability to listen attentively.

SUGGESTED STRATEGIES

The teacher will:

1.1.1 lecture to the class on communication as a two-way process. Emphasize importance of sensitivity to self, and ability for "self-observation," to effective communication. Explain the central binding elements of communication and the role of feedback in clarifying communications and assisting with development of self-observation skills.

Select four or five of the "Try This" exercises from each of the first five chapters of Keltner's book on Interpersonal speech-communication elements and structures. Allow the learners to choose the two or three from each group of five that they are most comfortable participating in.

Facilitate a discussion after each exercise with the entire class about:

a. their feelings while participating in the exercise.
b. what they have learned about themselves and effective communication while doing the exercises.
c. how they feel these learnings will relate to their jobs as Home Helpers.

Note major points on newsprint as discussion proceeds.

Throughout exercises and discussion, note and support learner efforts at self-observation and growth in use of communication skills.

Summarize.

1.2.1 divide the class into groups of four. Ask each group to select two persons to act as communicators and two as observers. Provide each pair of communicators with a topic of some controversial nature (e.g.,

REFERENCES AND RESOURCES

BOOK
6 Interpersonal speech-communication elements and structures, ch. 1-5.

MATERIALS
Newsprint and felt-tip pens.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.2 demonstrate the ability to listen attentively. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES

The teacher will:

1.2.1 (Cont'd) abortion, who will win an election, busing, etc.) they are to discuss for about five minutes. The observers are to listen to the discussion and take notes on what they consider to be important factors in the communication process in the discussion. They should note particularly whether each person in the discussion seems to be really listening to others or not and what factors appear to be helping or hindering communication.

When the small discussions are over, have the observers share with the discussants their observations. The discussants should then share their observations and feelings about the conversation, noting what they found to be helping or hindering communication.

Allow about 15 minutes for this discussion and evaluation.

Each group of four should be prepared to report on their observations to the entire class. As the groups report, note on newsprint the elements of communication that are identified. Expand or supplement as needed with information from Interpersonal speech-communication elements and structures. Be sure that types of barriers to, and breakdowns in, communication are covered. Also emphasize what does facilitate attention and listening. Summarize.

Select three of four "Try This" exercises from the end of both Chapters 7 and 9 in Interpersonal speech-communication elements and structures. Have learners participate in two from each chapter that they are most comfortable doing.

Facilitate discussion at end of each exercise focusing on (1) how learners felt while doing the exercises, (2) what they learned about communication blocks and listening skills in general and in relation to themselves, and (3) how these insights will assist them in their roles

BOOKS

6 Interpersonal Speech-Communication elements and structures, chs. 7, 9.

2 Getting it all together: Teaching human relationships and communication skills in nursing homes, pp. 9-26, 68-74.

MATERIALS

Newsprint and felt-tip pens
Paper and pencils

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.2 demonstrate the ability to listen attentively (Cont'd)

The teacher will:

1.2.1 (Cont'd)
as Home Helpers. Post major points on newsprint throughout the discussion, and summarize.

In advance, ask two learners to read the "Listen" section from Getting it all together and prepare a presentation for the entire class. Have them relate content of their selection to learnings about communication from above and their jobs as Home Helpers.

Have class do one of the following:

a. Visit with Older American Resource Person. Ask each learner to be self-observing during the visit and make notes of factors in themselves or the Older American that helped or hindered communication. Have learners ask the resource persons during the course of the visits what other people do that makes it difficult for them to hear what they are saying. Ask the older American resource person to point out anything the learner is doing that blocks communication. Learner should utilize feedback skills during visit.

   Have individual learners report on their visits, allowing time for questions, discussion and helpful feedback after each report. Note major points on newsprint as reports and discussions proceed.

   Summarize.

   OR

b. Develop and participate in several role plays as outlined in "Listen" from Getting it all together that relates particularly to ability to listen to older Americans. Learners should take turns playing older persons and helper; also, learners should take turns participating in a role play and serving as observers so "actors" can be provided with constructive feedback.

BOOKS

2 Getting it all together: Teaching human relationships and communication skills in nursing homes.

COMMUNITY RESOURCES

Local Nursing Homes
Local Meals-on-Wheels program
Geriatric Nurse
Welfare worker with aged programs
R.S.V.P.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.2 demonstrate the ability to listen attentively. (Cont'd)
	1.3 understand and utilize effectively elements of nonverbal communications.

The teacher will:

1.2.1 (Cont'd)

Discuss each role play, focusing on feelings of participants in role play and factors that were helping or hindering communication and good listening. Also focus on other communication skills being utilized.

Note on newsprint major points made.

Summarize.

Throughout entire strategy, note and support learner efforts at self-observation and growth and use of communication skills.

1.3.1 do a or b below, before proceeding with remainder of strategy.

a. Utilizing the information in Interpersonal speech-communication elements and structures, Chapter 6 as a base, lecture to the class on nonverbal communication. Emphasize: (1) there is no way to avoid communicating nonverbally as well as verbally, (2) importance of congruence between verbal and nonverbal messages for effective communication, and (3) different factors possible in nonverbal communication (i.e., voice tone, body posture, space, time, etc.). Review roles of self-observation and feedback.

Facilitate a discussion, asking the learners to draw upon their own experiences to give examples of accurate, meaningful or confusing nonverbal communication. Have learners participate in four or five of "Try This" exercises at the end of Interpersonal speech-communication elements and structures, Chapter 6. Facilitate a group discussion of the exercises integrating learnings from 1.1 and 1.2 with learnings in these exercises. Note and support learner efforts at self-observation and growth in use of more accurate communication skills.

BOOK

6 Interpersonal speech-communication elements and structures, ch. 6.

MATERIALS

Newsprint and felt-tip pens

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.3 understand and utilize effectively elements of nonverbal communications. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.3.1 (Cont'd) OR b. Ask some of the learners to read Chapter 6 Interpersonal speech-communication elements and structures, in advance of this class session. Ask these learners to function as observers for the following exercise, noting types of nonverbal communication used by the others and themselves as they participate in the exercise. They should note especially nonverbal messages that reinforce or contradict the verbal message.	BOOKS 6 Interpersonal speech-communication elements and structures, ch. 6.
Exercise: Tell learners that some of their group are serving as observers of communication skills. Ask everyone, beginning with the teacher, to share with the others two events from their lives, one positive, happy, etc., and one negative, frustrating, infuriating, etc. Allow about 3 to 5 minutes for each person. Group is to listen attentively as each person speaks, utilizing feedback techniques to clarify if needed. No discussion of content should be allowed. Have observers report after all have shared. Note on newsprint nonverbal communication observers noted. Facilitate a group discussion on their observations, encouraging learners to look at their feelings in those situations where nonverbal messages were different from verbal ones. As needed, add information on nonverbal communication from Interpersonal speech-communication elements and structures, Chapter 6.	
Facilitate learner visits with older American resource person. Ask learners to note nonverbal messages during their visits and to report to class upon their return. (They should also note nonverbal	COMMUNITY RESOURCES Local Nursing Homes Local Meals-on-Wheels program Geriatric Nurse Welfare worker with aged programs R.S.V.P.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.3 understand and utilize effectively elements of nonverbal communications. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.3.1 (Cont'd) messages of any other persons they encounter in the process of going to make visits and include these in reports as well). Facilitate a discussion of reports. Utilize any "Try This" exercises from Interpersonal speech-communication elements and structures, Chapter 6 needed to further increase learners' skills at nonverbal communication. Throughout, note and support learners' ability to be self-conserving and grow in effective use of communication skills.	BOOKS 6 Interpersonal speech-communication elements and structures, ch. 6.
After completing either a or b above then: Divide class into three groups. Assign "See", "Touch", or "Sound of Silence", from Getting it all together: Teaching human relationships and communication skills in nursing homes to each group. Develop a report for the rest of the class including two or three exercises which they will role play to illustrate/reinforce ideas presented. Have each group report and present their role plays. Facilitate a discussion after each, encouraging learners to discuss not only the communication but also their feelings about the different techniques used, and why. (Note: Relate "touch" discussion to discussion/learnings about Module II regarding sex attitudes-case histories). Note on newsprint main points of discussion. Point out difference in reactions of the learners to different types of nonverbal communication, which reactions come from cultural, ethnic differences and which come from personal differences. Throughout entire strategy, note and support learner growth in ability to observe self, receive constructive criticisms, and effective use of communication skills. Summarize.	2 Getting it all together: Teaching human relationships and communication skills in nursing homes.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.4 demonstrate the ability to communicate clearly and respectfully with the aging.

SUGGESTED STRATEGIES

The teacher will:

1.4.1 present basic concepts of "The Sounds of Silence" and "Cherish" sections of Getting it all together. Also present information on Technique of Openness (appendix, p. IV-A1).
Allow time for discussion and sharing of experiences relevant to the concepts.

Select several exercises from each section for the learners to do.

Facilitate a discussion after each, focusing on both feelings of persons in exercise and communication skills being utilized.

Throughout exercises and discussions note and support learner growth in ability to be self-observant, sensitive to others' feelings, and in use of communication skills.

Choose one of the following:

a. Define and give some examples of respect and disrespect.

Lead a class discussion about what communication experience the learners have had in which they felt lack of respect on the part of another person.

List on newsprint the disrespectful aspects--verbal and nonverbal--of communication identified. Note which ones seem to have been intentional and which unintentional, and which came from lack of clarity of communication. Discuss possible ways of responding in such situations.

Facilitate visits with older American resource persons. Have learners discuss with them experiences their friends have had in which they felt another person was being disrespectful, and report these to the class.

REFERENCES AND RESOURCES

BOOKS
2 Getting it all together: Teaching human relationships and communication skills in nursing homes, pp. 67-74; 59-66.

APPENDIX: Technique of openness, p. IV-AI.

MATERIALS
Newsprint and felt-tip pens

COMMUNITY RESOURCES
Local Nursing Homes
Local Meals-on-Wheels program
Geriatric Nurse
Welfare worker with aged programs
R.S.V.P.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.4 demonstrate the ability to communicate clearly and respectfully with the aging. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES

The teacher will:
1.4.1 (Cont'd)

List on newsprint the disrespectful aspects--verbal or nonverbal--of communication identified in the learners' reports. Note which ones seem to have been intentional and, when unintentional, which seemed to come from lack of clarity of communication.

Compare lists. Note similarities and differences between things learners had found to be disrespectful and older Americans found to be disrespectful.

Facilitate a discussion on how insights gained into unintentionally disrespectful or unclear communication might affect their way of communicating with clients as Home Helpers.

OR

b. Invite some older Americans and persons who work with the elderly to come to class and define and give examples out of their experiences of respectful and disrespectful communication. Also ask them to present information on things a person working with the elderly might do unintentionally which the older person would interpret as disrespect.

Allow time for discussion with the class. Point out examples when lack of clarity of communication was part of the problem.

Divide the class into pairs. Ask each pair to role play a case situation, one pretending to be the elderly person and one the Home Helper.

Case situation examples are:

1) giving a bath to a person who is bedridden
2) assisting someone taking a walk who uses a walker
3) assisting someone who cannot use a walker.

COMMUNITY RESOURCES

Local Nursing Homes
Local Meals-on-Wheels program
Geriatric Nurse
Welfare worker with aged programs
R.S.V.P.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.4 demonstrate the ability to communicate clearly and respectfully with the aging. (Cont'd)
	1.5 demonstrate the ability to use various Reality Orientation techniques appropriate for use with the elderly.

SUGGESTED STRATEGIES

The teacher will:

1.4.1 (Cont'd)

4) reading to someone whose sight is diminished
5) explaining a menu to a deaf person.

Facilitate a discussion on each role play, getting feedback from persons in playlet as well as visitors and other learners. And finally, summarize entire experience, relating learnings in this strategy with those in 1.1, 1.2 and 1.3.

1.5.1 present to learners basic background information on Reality Orientation (appendix, p. IV-A3); Sample Reality Boards (appendix, p. IV-A5); The Role of the Past in the Present (appendix, p. IV-A8); and Reality Orientation Awareness Pretest/Posttest for Older Americans (appendix, p. IV-A6). Provide learners with copies of materials relating to Reality Orientation.

Show film(s) on Reality Orientation.

Facilitate a discussion with the group on the importance, functions, and techniques of Reality Orientation. Include in discussion, information on precautions noted in Teacher's Appendix item Reality Orientation (appendix p. IV-B4). (Alternative: Invite a person from area nursing home that utilizes Reality Orientation to explain and demonstrate it to the class).

Group learners into pairs. Ask each pair to practice reality orientation to the entire group. Facilitate a discussion of each presentation. Note in discussion which techniques presented are general and which are prescriptive. Also, help learners remain sensitive to any tendency toward being patronizing while using Reality Orientation techniques.

Throughout, note learnings in Objectives 1.1 to 1.4 that support effectiveness of

REFERENCES AND RESOURCES

PAMPHLET

9 Reality orientation.

FILMS

13 December-spring: 24-hour reality orientation, p. IV-B14.

18 The priory method, p. IV-B20.

21 The therapeutic community, p. IV-B-24.

20 A time to learn: Reality orientation in the nursing home, p. IV-B11.

FILMSTRIP

22 The confused person: Approaches to reality orientation, p. IV-B13.

APPENDIX:

Reality orientation, p. IV-B4.

Reality orientation: Letter from Bruce London, p. IV-A3.

Sample reality boards, p. IV-A5.

The role of the past in the present, p. IV-A8.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.5 demonstrate the ability to use various Reality Orientation techniques appropriate for use with the elderly. (Cont'd) 1.6 understand and demonstrate techniques of interviewing individual aging Americans.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.5.1 (Cont'd) Reality Orientation. Also note and support learner growth in utilizing learnings of entire competency.	Reality orientation awareness pretest/posttest for older Americans, p. IV-A6.
1.6.1 present basic information on interviewing from Keltner's Interpersonal speech-communication: Elements and structures, Chapter 12.	BOOK 6 Interpersonal speech-communication: Elements and structures, ch. 12.
Facilitate a discussion on the information. Ask learners to share positive and negative learning experiences they have had being interviewed. Note on newsprint things identified as having helped/hindered interviewing situation. Throughout discussion relate to learnings in 1.2 and 1.4. Select 4 or 5 of the "Try This" exercises from the end of Keltner's Interpersonal speech-communication: Elements and structures, Chapter 12. Have learners do the two or three with which they are the most comfortable. Facilitate a discussion at the end of each exercise focusing on participants' feelings and what helped or hindered communication. Compare with items noted previously. Throughout, note and support learner efforts at self evaluation and growth in use of communication, human relations skills.	MATERIALS Newsprint Felt-tip pen
Lead brainstorming session to identify any physical, social and emotional changes of aging which might affect interviewing older Americans, (e.g., blindness, deafness, depression, poverty, etc.). Lead discussion of ways basic interviewing techniques could be altered to accommodate these factors. Use examples from "Interviewing the ill aged" from The Gerontologist to stimulate/supplement discussion. Select either a or b below.	PERIODICAL 10 The Gerontologist: Interviewing the ill aged.
a. Utilize one of the following: Divide learners into pairs. Have each pair role play an interview of an elderly person to ascertain their needs to see if a Home Helper could be of assistance. Have them identify any special	

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.6 understand and demonstrate techniques of interviewing individual aging Americans. (Cont'd)
	1.7 demonstrate ability to communicate effectively with aging Americans who have individual differences due to personal, ethnic or cultural reasons.

The teacher will:

1.6.1 (Cont'd)

cultural, ethnic or personal differences that would need to be taken into consideration. Have learners playing role of elderly utilize a strategy from Sensitizing people to the process of aging: The in-service educator's guide, to stimulate a problem of aging. Each learner should take turns being interviewer and the older person.

b. Have learners develop framework of basic information they would want to get from their Older American resource person to ascertain special individual, cultural or ethnic needs of that particular person so that a Home Helper could plan effectively for them. Have learners interview their resource persons, and report to class. They should note especially any illness/handicap/problem of the older person that they had to accommodate for in the interview. Report should also include information on which communication/human relations skills they used which were effective and which not so effective and why. Finally, report should include information on how the older person responded to the interview and what feedback they were able to give learners.

Summarize and relate learnings to 1.1 and 1.4.

1.7.1 review and relate learnings from Modules II-IV focusing on ways understanding differences of older Americans can impact on each of the performance of their job. Utilizing Profiles (appendix, p. IV-A12-20 and examples of Aging, An Album of People Growing Old as models, have each learner write a profile of an older person whose part they will play in a role play with another learner who will be playing the part of a Home Helper. Divide learners into pairs. Proceed as follows until each learner has played the role of Home Helper.

BOOK

4 Sensitizing people to the process of aging: The in-service educator's guide.

COMMUNITY RESOURCES

Local Nursing Home
Local Senior Center

BOOKS

8 Aging, an album of people growing old.

APPENDIX: Profiles, p. IV-A12-A20.

APPENDIX: Technique of openness, p. IV-A1.

MATERIALS

Props to support role plays.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 utilize verbal and nonverbal communication skills in working with the aging. (Cont'd)	1.7 demonstrate ability to communicate effectively with aging Americans who have individual differences due to personal, ethnic or cultural reasons. (Cont'd)
2 understand and utilize problem-solving and decision-making skills in their work with the aging.	2.1 identify and utilize the elements of decision-making and problem-solving, their similarities and differences.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.7.1 (Cont'd) Ask learner playing role of Home Helper to leave the room. While the learner portraying the Home Helper is out of the room, have the learners playing the elderly person read that profile to the group. Have the group develop a situation between a Home Helper and their client related to planning social/recreational activities that they are to role play. Call "Home Helper" back to room. Describe basic role play situation and tell Helper the name, age and ethnic background of their "Older American". Have pair play roles for about 5-8 minutes. Ask learner playing role of Home Helper to give an evaluation of the role play first, telling what individual, cultural/ethnic differences they discovered and responded to in the "Older American". Ask learner playing Older American to give their evaluation. Teacher and learners should note things they observed in role play where "Home Helper" was demonstrating sensitivity to individual, ethnic/cultural differences of "Older American" and was communicating effectively despite those differences, and give constructive suggestions of other things they might have done. Throughout entire role playing, an element of fun should be maintained so that no learner feels overly pressured/criticized. Efforts at growth in use of communication/human relations skills should be noted and supported. When all role plays are complete, summarize, re-emphasizing importance of the skills learned in Module IV to the job of the Home Helper.	
2.1.1 present basic information from Interpersonal speech-communication: Elements and structures, Chapter 8. Supplement information from Systems Analysis Approach to Decision Making (appendix, p. IV-B7), on decision making and problem solving and Technique of Openness, (appendix, p. IV-A1). Post on newsprint main identifying characteristics of each. Ask learners to give examples of each process	BOOKS 6 Interpersonal speech-communication: Elements and structures, ch. 8. APPENDIX: Systems analysis approach to decision making, p. IV-B7. APPENDIX: Technique of openness, p. IV-A1.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 understand and utilize problem-solving and decision-making skills in their work with the aging. (Cont'd)	2.1 identify and utilize the elements of decision-making and problem-solving, their similarities and differences. (Cont'd)

The teacher will:

2.1.1 (Cont'd)
out of their own experiences in the past week/month. Lead a discussion on what makes each example fall into one category or the other. Have learners who are comfortable so doing to share what the resolution was in each situation and identify the factors leading to the solution of the problem or making of the decision. Have learners discuss possible situations in a Home Helper's job when one of the following might exist:

a) Home helper must make a decision
b) Older American must make a decision
c) Older American has a problem they need to solve
d) Older American and Home Helper have a problem that must be solved by both of them
e) A problem develops that a Home Helper must solve.

See Sample Decision Making Situations (appendix, p. IV-A10), and Sample Problem Problem Solving Situations (appendix, p. IV-A11), for sample situations. Have learners ask Older American resource persons for examples on their regular visit. Lead discussion of the way these decisions/problems could be resolved according to steps in Keltner's Interpersonal Speech-Communication: Elements and Structures.

Note communication/human relations skills 1.1 through 1.5 above that would be important in each situation and how each could be utilized effectively. Focus on possible key attitude differences/similarities between Home Helper and client that would help or hinder the process of decision-making or problem-solving in sample situations.

Throughout, emphasize the role of Home Helper does not include making life decisions for the client, but rather assisting them in obtaining all of the information they need to make a decision. Also, note that often persons (younger as well as older) when depressed, undergoing major life changes, ill, or otherwise under stress, will practically beg,

APPENDIX: Sample decision making situations, p. IV-A10.

APPENDIX: Sample problem solving situations, p. IV-A11.

BOOK
6 Interpersonal speech-communication: elements and structures.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 understand and utilize problem-solving and decision-making skills in their work with the aging. (Cont'd)	2.1 identify and utilize the elements of decision-making and problem-solving, their similarities and differences. (Cont'd)
3 demonstrate the ability to use appropriately stress reducing techniques in working with the aging.	3.1 recognize times when they or their clients might be under stress.

SUGGESTED STRATEGIES

The teacher will:

2.1.1 (Cont'd)
verbally or nonverbally, another person to make their decisions for them. When the other person complies with this (apparent) wish, they often find that the decision is "wrong" because the person was really wanting empathy for their situation, rather than having another person taking over. If an older person genuinely is unable to make a decision that must be made (e.g., have plumbing repaired), the role of the Home Helper is to contact the responsible family member, friend or agency personnel so that they can make the decision.

Summarize.

3.1.1 present the basic information from the resources on stress to the learners. (Alternate: Have several of the learners read the resources and present a report to the entire group).

Facilitate a discussion of the ideas presented. Discussion should include, but not be limited to, the following ideas:

a) Time of stress in the course
b) Time of stress in the lives of the individual learners or the teacher in recent weeks they had not realized were stressful
c) types of stress that might be related to the job of Home Helper:
   1) normally
   2) in special types of client situations.
d) Types of stress that might be related to the normal aging process.

For situations c and d above, discuss what degree of stress each would involve. Place each example on a stress scale of 1 to 5 (least to most).

If Older American resource persons are being used throughout training, have learners ask their resource persons what stresses they have experienced in the past

REFERENCES AND RESOURCES

PERIODICAL

11 Today's health. What to do when stress signs say you are killing yourself.

BOOKS

7 Stress: What it is. What it can do to your health: How to fight back.

3 How to survive the loss of a love: 58 things to do when there is nothing to be done.

5 Creative coping: A guide to positive living.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
3 demonstrate the ability to use appropriately stress-reducing techniques in working with the aging. (Cont'd)	3.1 recognize times when they or their clients might be under stress. (Cont'd)
	3.2 identify and demonstrate some simple stress-reducing techniques that they can use on the job as a Home Helper.

The teacher will:

3.1.1 (Cont'd) month and how stressful they felt each was. Have learners share the experiences and ideas of the resource persons in the discussion.

Have each learner add up their stress points for the previous 12 months using the scale used earlier.

Compare stress totals and discuss why totals differ. Have learners save totals to use in discussion on next strategy.

Discuss how different stress loads might affect one's performance on the job as a Home Helper. Include in the discussion when Home Helper's stress load might be so great that she should ask for a temporary leave.

3.2.1 present learners the information in resources of ways one can deal with stress and minimize its negative effects on one's life in general and on the job as a Home helper, in particular. Utilize the stress reducing exercises, Three Stress Reducing exercises (appendix, p. IV-B9).

Lead learners in a discussion of the exercises and the other techniques presented for reducing or minimizing stress. Include in the discussion:

a) other techniques learners have used to reduce or minimize stress.
b) which techniques could they use as persons
c) which techniques could they use on the job as a Home Helper for themselves or the client.

Facilitate learner visits with Older American resource persons. Have learners discuss with them the different stress reducing techniques discussed in class. Have learners ask for the Resource Person's reaction to the technique which would not be helpful to him and why;

PERIODICALS

11 Today's Health. What to do when stress signs say you're killing yourself.

BOOKS

7 Stress: What it is. What it can do to your health: How to fight back.

3 How to survive the loss of a love: 58 things to do when there is nothing to be done.

5 Creative coping: A guide to positive living.

APPENDIX: Three stress reducing exercises, p. IV-B9.

COMMUNITY RESOURCES

Local Senior Center
Local RSVP
Local Nursing Home
NARP

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
3 demonstrate the ability to use appropriately stress-reducing techniques in working with the aging. (Cont'd)	3.2 identify and demonstrate some simple stress-reducing techniques that they can use on the job as a Home Helper. (Cont'd)

The teacher will:

3.2.1 (Cont'd)

which they feel a Home Helper should try to help an aging client use and how to go about it; other things resource persons have done to help deal with stress in their own lives. Have learners report on their visits. Note on newsprint main points of reports and facilitate a discussion of these.

Relate learnings in other parts of this module, especially those sections having to do with Respect in the Home Helper-Client relationship, Decision Making and Problem Solving to ideas and techniques discussed here.

Divide learners into small groups. Have each group develop one or two role plays about stress eight for client or Home Helper on the job and how it could be best handled.

Facilitate a discussion of each role play. Note and support efforts at self-assessment and use of other communication skills throughout.

Summarize.

MATERIALS
- Newsprint
- Felt-tip pen

3.2.2. invite a member of the counseling profession to discuss with class ways one can minimize or reduce the effects of stress on one's life in general or on the job as a Home Helper. Ask speaker to lead the group in some simple stress reducing exercises he likes to use or have speaker join the group in doing the Three Stress Reducing Exercises (appendix p. IV-B9).

Facilitate a discussion with learners and speakers about what techniques would be most appropriate for themselves or their client on the job as a Home Helper.

Relate learning in other parts of Module IV, especially having to do with Respect, Decision Making and Problem Solving, to this objective.

Same as for 3.2.1 plus

APPENDIX: Three stress reducing exercises, p. IV-B9.

COMMUNITY RESOURCES
- Psychiatrist
- Psychiatric Social Worker
- Psychologist
- Mental Health Agency or clinic

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
3 demonstrate the ability to use appropriately stress reducing techniques in working with the aging. (Cont'd)	3.2 identify and demonstrate some simple stress reducing techniques that they can use on the job as a Home Helper. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 3.2.2 (Cont'd) Divide the learner group into several small groups. Have each group develop one or two role plays about stress, either for client or Home Helper on the job and how it could be best handled. Facilitate a discussion of each role play. Note and support efforts at self-assessment and use of other communication skills throughout. Summarize.	

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

*1 Butler, R. M. & Lewis, M. I. Aging and mental health. St. Louis, Missouri: V. C. V. Mosby Co., 1973.

*2 Dickman, I R. (Ed.). Getting it all together: Teaching human relationships and communication skills in nursing homes. New York, New York: United Hospital Fund of New York, 1973.

3 Colgrove, M., Bloomfield, H.,& McWilliams, P. How to survive the loss of a love: 58 things to do when there is nothing to be done. New York, New York: Simon and Schuster, 1976.

*4 Ernst, M., & Shore, H. Sensitizing people to the process of aging: The in-service educator's guide. Denton, Texas: The Center for Studies in Aging, North Texas State University, 1975.

5 Fast, J. Creative coping: A guide to positive living. New York, New New York: William Morrow Co., Inc., 1976.

*6 Keltner, J. W. Interpersonal speech-communication: Elements and structures. Belmont, California: Wadsworth Publishing Co., Inc., 1970.

7 McQuade, W., & Aikman, A. Stress: What it is: What it can do to your health: How to fight back. New York, New York: E. P. Dutton and Co., Inc., 1974.

8 Saul, S. Aging, an album of people growing old. New York, New York: John Wiley and Sons, Inc., 1974.

PAMPHLETS

*9 Stephens, L. (Ed.). Reality orientation: A technique to rehabilitate elderly and brain-damaged patients with a moderate-to-severe degree of disorientation. Washington, D.C.: APA Hospital and Community Psychiatry Service, 1969.

PERIODICALS

*10 Bloom, M., Cuchon, E., Frires, G., Hanson, H., Hurd, G., & South, V. Intervewing the ill-aged. The Gerontologist, Winter, 1971, part 1, pp. 292-299.

*11 Lamoth, L. What to do when stress signs say you're killing yourself. Today's Health, January, 1975, pp. 30-32; 59-60.

*Key Resources

RESOURCES

FILMS

12 Gerontological Film Collection, North Texas State University Main Library. A matter of seconds (MP421). Denton, Texas 76203: Author, 1962. (Color, rental, 16mm, 30 min).

13 Gerontological Film Collection, North Texas State University Main Library. December-spring: 24-hour reality orientation (MP573). Denton, Texas 76203: Author, n.d. (Black/white, rental, 16mm, 29 min).

14 Gerontological Film Collection, North Texas State University Main Library. Just a little time (MP653). Denton, Texas 76203: Author, 1973 (Color, rental, 16mm, 22 min).

15 Gerontological Film Collection, North Texas State University Main Library. Nell and Fred (MP527). Denton, Texas 76203: Author, 1971 (Black/white, rental, 16mm, 29 min).

16 Gerontological Film Collection, North Texas State University Main Library. Other people make me feel old (MP655). Denton, Texas 76203: Author, n.d. (Color, rental, 16mm, 30 min).

17 Gerontological Film Collection, North Texas State University Main Library. Peege (MP595). Denton, Texas 76203: Author, 1974 (Color, rental, 16mm, 28 min).

18 Gerontological Film Collection, North Texas State University Main Library. The priory method (MP604). Denton, Texas 76203: St. Mary's Prior Extended Care Hospital, 1973 (Color, rental, 16mm, 20 min).

19 Gerontological Film Collection, North Texas State University Main Library. The string bean (MP652). Denton, Texas 76203: Author, n.d. (Black/white, rental, 16mm, 17 min).

20 Gerontological Film Collection, North Texas State University Main Library. A time to learn: Reality orientation in a nursing home (MP575). Denton, Texas 76203: Author, 1973 (Color, rental, 16mm, 28 min).

21 Gerontological Film Collection, North Texas State University Main Library. The therapeutic community (MP423). Denton, Texas 76203: Author, 1969

FILMSTRIPS

22 Concept Media. The confused person: Approaches to reality orientation. 1500 Adams Avenue, Costa Mesa, California 92626: Author, n.d. (Color, rental, with record/script, 13 min).

23 Concept Media. Old peoples' home: A poetic essay on aging. 1500 Adams Avenue, Costa Mesa, California 92626: Author, n.d. (Black/white, rental, with record/script, 7 min).

TECHNIQUE OF OPENNESS

In many human relationships there is a certain amount of fear and/or anxiety on the part of one or both persons in the relationship. This fear and anxiety comes because a person is not certain the other one is trustworthy or because one is feeling vulnerable and is afraid they and/or their private feelings might be upset, put down, or ridiculed.

When a person is ill, is in the midst of a life crisis, is in a conflict of some type, is undergoing a change in their lifestyle, is feeling pressure to do something or make decisions about which they are uncertain, this tendency increases. These are the types of situations which are likely to occur in the Home Helper's job setting.

A communication technique which can help reach through the barriers persons erect against such feelings of fear, anxiety, vulnerability, etc. is the technique of openness. This is when one person takes the risk of being honest (open) with the other person about their own feelings, needs, and possible errors. This openness usually draws out openness from the other person in response. This modeling of openness is more effective than trying to "teach" openness.

Some examples follow:

Situation:

Older person is sneezing and coughing; has flushed face, dry, cracked lips; and breathing is labored. The Home Helper is trying to get the individual to go see the doctor. There is a flu outbreak in the community. The older person is resisting and declaring they are just fine--all they need to do is drink some hot tea with honey and they'll be all right tomorrow. Because a good friend died the year before from complications from the flu, the older person is afraid to admit to being ill because of fear of death.

Possible Approach:

Home Helper: I'm scared and I need your help.
(Older American looks quizzically.)

Home Helper continues: There is a lot of flu going around just now. I know that when it is not properly treated early, flu can have complications that cause death in older persons. I like you. I don't want anything to happen to you. When I look at you, I can see you're not feeling well, and though it may be nothing, knowing the flu is going around just now, it scares me to think of not going to the doctor to be sure. Can you help me so I won't be so scared?

Situation:

Home Helper has been hired by the son of a recently widowed, older man. He has always seemed to be very independent and strong-willed, but depended heavily upon his wife and cannot care for the house by himself. He is afraid of appearing "weak" by accepting help. The first couple of days the Home Helper has been present on the job, he has constantly refused to let the helper do a lot of things, trying to do them himself.

Possible Approach:

Home Helper: I have a problem. I need your help. I am feeling frustrated and useless because I'm not allowed to do many of the tasks I was hired to do. I can see that these are things you haven't done very much before now, but certainly you could learn to do them well and efficiently. Could we work together on this? I really don't like the feelings I have now about being here.

Other openness phrases:

I have a problem. I reacted negatively to what you said and got defensive. I need your help in talking this out.

We disagree about-----------. Conflict scares me. I need your help in solving the problem so neither of us feels like the loser.

I made a mistake. I feel very badly about it. Can we work together to straighten things out?

Note below other openness phrases you can think of or that come from your class discussions.

REALITY ORIENTATION

LETTER FROM BRUCE LONDON

April 16, 1974

Dear Ms. Sullivan:

Thank you for your letter of March 19, 1974. I apologize for this late reply, as I have been away visiting nursing homes in Arkansas.

This letter contains several suggestions for a Reality Orientation program. I realize that to really get the program going is difficult, but your best bet is to stick with it until things begin to gel. Be sure your staff does not expect overnight miracles (although I have seen many such miracles happen) and that they appreciate the necessity of a hopeful, expectant, and consistent attitude on their part. After all it has taken residents a long time to become as they are, and it will take a while for them to relearn things they have forgotten and to regain some motivation that they have lost.

Basically, the Reality Orientation Program consists of two components: (1) 24-hour-a-day Reality Orientation, and (2) classroom Reality Orientation.

To get the 24-hour program going, I recommend the following steps:

1. Get one or more Reality Boards* and place them in central locations. Assign someone, preferably a resident, to change the information on the board as needed.

2. Make sure all staff know the basic principles of Reality Orientation: (a) have them use the attitude of expectation--in other words convince them that a hopeful attitude on their part is essential to the resident's progress, (b) make sure they talk to the residents at every opportunity while they are carrying out assigned duties--have them practice carrying on a conversation that includes clues to the resident's environment, including names, name of nursing home and its location (what city), day of week, date, and year, time of day, weather, next meal, what duty they are performing, etc.--this is essential, and with practice and repetition it will come naturally, (c) don't "drill" the residents--this will only increase anxiety--just keep presenting information to them at every opportunity--keep the atmosphere jovial yet hopeful and goal-oriented.

3. Gradually encourage residents to do more for themselves, making sure that they get adequate praise for each small step of progress.

4. For residents who can get about, take them to the reality board often--they will begin to rely on the board to get their bearings. For those unable to get about, a small reality board for their personal use may help.

5. Check the physical environment to see if it provides clues for orientation. Large print names on doors at eye level, calendars, clocks, current

reading materials, posted menus and schedules, will aid the program in time.

To get the classroom Reality Orientation going,

1. Decide how many classes of four residents each of you can handle. I suggest one or two classes at first until the staff becomes accustomed to the way classes affect the schedule.

*See Samples of Reality Board

Module IV
Appendix A
Strategy 1.5.1

SAMPLE REALITY BOARDS

For Older Americans who can see fairly well, one needs to use visual means of reinforcing the verbal exchanges that focus on primary reality factors.

Reality Boards can be made on a bulletin board, a flannel board, a poster board with "pockets" for changing items.

Below are two samples of Reality Board format and content.

Today is: March 15, 1976 It is: Morning

The weather is:
sunny and windy

Today we'll eat:
chicken for lunch
stew for supper

Activity today: Make Easter egg baskets for children's hospital

T. V. Program: The Waltons 7:00 P. M.

Alta Mae Williams feels good today.

Today is Monday, March 1, 1976

It is cloudy, and cool
Temp. is 67°

Pastor Jones is coming to visit at 10 A.M.

It is 9:00 A.M. now.

REALITY ORIENTATION

AWARENESS PRETEST/POSTTEST FOR OLDER AMERICANS

There are four major areas of change to be expected with a successful reality orientation program. These are:

1. Improved memory and awareness.

2. Decreased incontinence.

3. Greater sociability and participation.

4. Increased desire to make self-care efforts.

To measure change in memory and awareness, orally administer the following test to confused older persons before the reality orientation program formally begins. Re-administer the test every two months. Use the same tester and try to choose times when the person seems to be functioning normally for him or her.

Make sure the person has heard each question, and allow ample time for response before going on. Try to reduce anxiety by saying you want to measure their interest in things around them. Score "2" if they know the answer, score "1" if they come close, and "0" if they do not know or respond. Repeat every two months.

Module IV
Appendix A
Strategy 1.5.1

Awareness Questions

Older American's Name________________________ Sex______ Age________

Date Given____________________ Helper's Name____________________

	Doesn't Know	Comes Close	Knows
1. What is your name?	0	1	2
2. What town (city) is this?	0	1	2
3. What's the name of this place? (Alternatively: Where are you now?)	0	1	2
4. What room are we in now?	0	1	2
5. Where's the television set (or nurse's station, or your room)?	0	1	2
6. What's the weather like today?	0	1	2
7. What season of the year is it?	0	1	2
8. What part of the day is it?	0	1	2
9. When is your birthday?	0	1	2
10. How old are you now?	0	1	2
11. Are you married now?	0	1	2
12. What kind of job did you have?	0	1	2
13. What is your wife's (or child's or brother's or sister's) name? (Choose the most appropriate. If there is no relative, ask, "What is my name?")	0	1	2
14. What town are you from?	0	1	2
15. How much is $5 and $4?	0	1	2
16. If I bought a candy bar for a dime and gave the man a quarter, how much change would I get?	0	1	2
17. Which hand is your left hand?	0	1	2
18. Please put your right hand over your right eye.	0	1	2
19. What is the name of some resident who lives here?	0	1	2
20. What did you have for (last meal)?	0	1	2

Module IV
Appendix A
Strategy 1.5.1

THE ROLE OF THE PAST IN THE PRESENT

The purpose of Reality Orientation is to help those elderly persons who are becoming senile stay in touch with the reality of the present. Reality Orientation helps them know what day it is, who and where they are, something about what is going on in their immediate world and the world at large. This concept when coupled with proper nutrition, good physical care and a respectful attitude toward the older person has been most successful in helping rehabilitate the small percent of the aging population who are senile. It has been learned that most older persons can and do stay "in touch" when everyone around them expects them to.

Because one stereotyped view of a senile person is one "who lives in the past". one who cannot remember what year it is but can tell you in vivid detail about events in the past, Reality Orientation techniques were developed to help persons stay in touch (or get back in touch) with facts of the present. This is important. However, both the stereotype and the techniques have been misinterpreted by some persons to mean that one should actively discourage older persons from ever sharing their memories of the past.

Butler and Lewis in Aging and mental health,[1] point out that an older person's remininsence about the past plays an important role in helping him to maintain mental health and prevent mental illness. To be mentally "well" one must feel that she is worthwhile as a person. Butler explains that as one remembers the past and reviews his own personal history, one is working out this feeling of self-worth. By sharing her memories the older person asks others to listen to the memories with respect and interest and thereby say: "Yes, you are a person of worth, you have had an interesting and meaningful life." When other people constantly cut off the older person's memories it is the same as saying: "Don't bother me, you are a nobody. You have nothing worthwhile to share. Your life has no meaning."

These shared memories by older persons are also important for the people who listen to them. Anthropologists such as Margaret Mead warn us that history books tell us only the facts of our past. They can never tell us how it felt to live through those facts. Nor can history books tell us all the facts of our local or personal history. Only persons who were alive when local events happened, who knew your great grandmother, can give you your own history to help you make your present life mean more and have more value than it would if you did not know of its beginnings in earlier generations.

About 80 B.C. Cicero said: "Not to know what happened before one was born is always to be a child." Cicero was pointing out the importance of the knowledge of the past which can be gained as one listens to the older person's memories, to one's maturity and wisdom. A very young child cannot understand the passage of time. A child of two-and-a-half who barely understands "today" and gets tomorrow confused will give the adult who says "that happened before you were born" a look of puzzlement and disbelief. The child of four-and-a-half can name the days of the week and know which day it is most of the time and will begin to ask questions about "When I was a baby what happened?" and "Where did I come from?" The child of six-and-a-half can understand the concept of months, but still has difficulty with years and will begin to ask about "When you were a little girl, Mother, did you__ ________________like I do?" The child of nine (at this age one is no longer considered a "young child") understands the passing of years and can begin to organize his/her own time to make plans for this afternoon, Friday after school, or next week and will sit fascinated as a grandparent or older friend tells stories of "the olden days," riding horseback to school, etc. The child of this age can also begin to tell a younger child, "When I was four I almost got hit by a car when I ran out into the street so you must do what Mother says." It is with growing up that one can understand that time passes and there is a history. It is also through learning of and from the history of one's self, of one's family and friends that knowledge of facts can be transformed into wisdom and understanding.

---

[1] Butler, R. N., & Lewis, M. I. Aging and mental health. St. Louis, Missouri, C. V. Mosby Co., 1973.

Wisdom and understanding, not knowledge of facts alone, is what enables one to learn from mistakes and think creatively about directions for the future. By the sharing of their memories, their and our history, older persons are offering us an otherwise unattainable and very valuable resource. Their past can shed light on our individual and collective present, pointing out possible alternatives for a better future.

Because of the important role the older person's memories play in maintaining his own mental health as well as our future well being as humans, Home Helpers should be careful in utilizing some of the techniques of Reality Orientation. One's efforts to help an older person keep in touch with the reality of the present should never cut off the past.

SAMPLE DECISION MAKING SITUATIONS

1. Decision to be made by Older American:

   To begin work as a volunteer or not.
   To go to work part-time or not.
   To have new roof put on house or not.
   To buy new T.V. or have old one repaired.

2. Decision to be made by Home Helper:

   To wash elderly's hair themselves or arrange for family members to do it.
   To pre-cut food for older person or not.
   To do laundry at home, at laundromat, or arrange for laundry/cleaners to do it.
   To call in a family member to help solve a problem or not.

3. Decisions to be made jointly by Older American and Home Helper:

   What home management tasks each will be responsible for.
   How much assistance Older American will need/want with personal care tasks.
   Week's menus.
   Week's schedule of activities.

SAMPLE PROBLEM SOLVING SITUATIONS

1. Problems faced by Older American:

The plumbing in the house needs major repairs and there is not enough money to fix it all at once.
A good friend who recently lost her spouse calls and wants to talk for long periods of time on the phone daily which is very fatiguing.
Both children, who live in two different cities, have recently had babies and wants the older person to come to their home on Christmas. Neither of them can travel as yet.

2. Problems faced by Home Helper:

Older person in their care is responding to attention and exercise and is doing better generally, but still wants to depend upon Home Helper to do many things he/she could begin doing him/herself.

An outing has been planned that the older person is looking forward to and the friend who is to provide the transportation calls and says their car won't start.

The Home Helper discovers that the older person is not taking the prescribed pill, but rather hiding it in the pillow case.

3. Problems faced by Home Helper and Older American together:

Due to a communication problem, the Home Helper has bought and prepared food the Older American will not eat.

Older American has found that though capable of performing some of the home management tasks agreed to with the Home Helper, he/she really does not want to do them anymore, but would rather have the Home Helper perform them (i.e., vacuum house, set table, etc.).

PROFILE

MR. P. B. HENRY

Age: 94

Ethnic background: White, European

Occupation: Retired businessman

Income: $1,000+ monthly

Health: Arthritis in legs and hips; cataracts (removed); hearing loss (75 per cent)

Major limitations: Walking difficult, vision restricted, hearing difficult. Cannot drive, cannot dress self completely, cannot prepare food or care for house.

Living conditions: Lives in large house with housekeeper. All facilities available in house including central heat/air.

Family: Son, 68, lives nearby. Daughter, 50, lives in adjacent town. Niece, 60, has been living with Mr. Henry ten months per year for pay. Wants to get married and move to neighboring town, but doesn't want to leave without seeing that care is given her uncle.

Remarks: Mr. Henry is a well-known man in town who spends much time visiting friends despite his difficulty in getting around. He is easy to get along with and appreciates the attention he receives from others. He has a very active mind and prides himself on the facility with which he can recall names of persons. He is a very picky eater. Likes mainly meat and potatoes and desserts. Likes foods with lots of salt.

PROFILE

MR. FRED SANGBURN

Age: 72

Ethnic background: White, European

Occupation: Retired skilled mechanic

Income: $250-300 monthly

Health: Good

Major limitations: None

Living conditions: Lives alone in 6-room house. All facilities, central heat/air.

Family: None in vicinity. Two sons live in states 500-1000 miles away.

Remarks: Mr. Sangburn is a friendly but morose person whose wife died within the past year. He is tall and rather good-looking and fancies himself to be a ladies' man. Female volunteers who deliver meals to Mr. Sangburn have complained that he makes suggestive sexual comments when they are visiting him. He can do his housework and cook but doesn't. He keeps his clothes and person clean but his house is beginning to accumulate dirt and trash. He spends most of his time watching TV. Volunteers who deliver meals-on-wheels have noted he is eating less and less recently, as they will find the tray from the day before practically untouched.

The two couples who were good friends of his and his wife's have asked him over but he always makes excuses and doesn't go.

He was once a good woodworker, making and refinishing a lot of furniture in his home. Workshop and tools are still in garage.

PROFILE

SENORA M. E. T. MARTINEZ

Age: 81

Ethnic background: Brown, Mexican

Occupation: Housekeeper

Income: $150-200 monthly

Health: Severe back problems, cataracts (not removed), hearing loss (50 per cent).

Major limitations: Vision impairment is so severe she cannot read or watch TV. Back problems prevent housework, shopping, and she moves about very little.

Living conditions: Lives in 4-room house with daughter, 62, in all-white, poor neighborhood. House has normal facilities with space heater and no air conditioning.

Family: Daughter, 60, lives in same house. No other relatives live in town.

Remarks: Sra. Martinez is a warm, friendly person who speaks some English (her daughter speaks very little), and continues to live and eat much as she did before coming to the United States in 1930. Her daughter's frequent bouts with emphysema leave the two of them quite helpless from time-to-time.

PROFILE

Mrs. C. T. Rosencrans

Age: 84

Ethnic background: White, European

Occupation: Retired elementary schoolteacher

Income: $400-500 monthly

Health: Heart trouble, arthritis in legs and feet

Major limitations: Capability to get about and do only limited housework and shopping.

Living conditions: Lives alone in small house in rundown part of town. All facilities, space heater and window air conditioner in bedroom only.

Family: Sister, 70, lives nearby.

Remarks: Miss Rosencrans is a very isolated individual who has few friends who visit her, who has difficulty finding transportation and whose health condition has created several crises recently. She spent almost an entire night on the floor after having suffered a fall from bed, therefore she is very concerned about her health.

She and her sister have never gotten along too well. Recently her sister has been talking about a nursing home for Miss Rosencrans. She does not like this idea at all as she is a very private person who has lived alone since she was 18. She loves to read until the past several months when mobility has become more difficult. She made frequent trips to the library. Listens to her small collection of classical records regularly.

PROFILE

MRS. ALTHEA SMITH

Age: 72

Ethnic background: Black, African

Occupation: Ex-laundress

Income: $150-200 monthly

Health: Broken hip. (Wheelchair) Otherwise good.

Major limitations: Housework and meal preparation are extremely difficult, though not impossible. Has difficulty dressing herself, consequently she tends to wear her clothes too long causing an odor problem.

Living Conditions: Lives alone in 4-room house in black section. No hot water, one space heater, no air conditioning. There are 5 steps from street level to her front porch which she negotiates with some difficulty, but only with help.

Family: None

Remarks: Mrs. Smith is delighted to have the life she has. She was widowed at an early age and receives a small income from her husband's social security. This is supplemented by SSI. She tries to take care of herself with no outside help, and when one asks, she needs nothing. However, it is obvious from her clothes and house that she could use some assistance. She cannot read, but she likes to grow things, and neighbors frequently bring her cuttings or seeds which she plants in empty cans of dirt. Sometimes neighborhood children help dig more dirt for her.

Her diet is mostly coffee, cornbread or biscuits, and greens or gumbo. Rarely any meat, eggs, cheese, or fruit.

PROFILE

MR. JOHN G. RICHARD and MRS. MABEL L. KINNEY

Ages: 66, 66

Ethnic background: White, European

Occupation: Librarian, retired schoolteacher

Income: $1,000+, $700+

Health: He--good except for onset of blindness
She--good

Major limitations: Both have some loss of sight.

Living conditions: Live together though unmarried in a large 8-room house located in more desirable part of town.

Family: He--3 children, 4 grandchildren; all living in other parts of the country
She--2 children, 2 grandchildren; all living in nearby towns.

Remarks: This couple, he a widower, she a widow, were high-school sweethearts who have been seeing each other over the past few years. Finally, they decided to live together but not be married. Both her widow's pensions would be lost if she were to marry. Mr. Richard is still working but expects to retire soon. Because of increasing night-blindness he will not be able to renew his driver's license next year. She never learned to drive. Currently they have a fairly active social life, but loss of transportation will pose problems. Also, she has recently started doing volunteer work, through Retired Senior Volunteer Program, at a day-care center across town. Mr. Richard currently drives her there twice a week. There is no public transportation.

PROFILE

MRS. MABEL CHU

Age: 82

Ethnic background: Chinese born, American citizen

Occupation: Housewife

Income: None

Health: Tunnel vision and arthritis in hands, had recent stroke which left her **right side partially paralyzed.**

Major limitations: Vision impairment is severe but not totally disabling. The results of the stroke prevents Mrs. Chu from doing housework and preparing meals. She is confined to wheelchair.

Living conditions: Lives with daughter and son-in-law in their two-story-3-bedroom house, in an all-Chinese neighborhood. House has normal facilities.

Family: Daughter 58 and son-in-law 60 own the house. Mrs. Chu had lived with them since her husband died 20 years ago. She had taken care of the house and prepared the meals for most of that time.

Remarks: The daughter and son-in-law must work, but they cannot afford and do not want to put Mrs. Chu in a nursing home. Mrs. Chu has always eaten Chinese food. Mrs. Chu does not speak English very well.

PROFILE

REV. AND MRS. JOHN PAUL MOORE

Age: 75, 73

Ethnic background: White, European

Occupation: Minister and housewife

Income: $200-$300 monthly

Health: Husband--good
Wife--severe heart trouble, angina; arthritis, feet, legs, hips, arms, and hands

Major limitations: Husband is long dependent on wife for performance of home chores and cooking. Her bad health almost prohibits any work in the house. She has frequent stays in the hospital. She sits and "watches"TV most of the time.

Living conditions: Live in a small 4-bedroom house with normal facilities. Each room is heated with a small space gas heater, and the house is cooled with an air conditioner in two of the rooms.

Family: Two sons who live in nearby towns. The sons rarely (less than once per month) visit or call.

Remarks: This couple is fighting hard to overcome the circumstances which seem so trying. An old rundown house, an old rundown car, sons who do not visit often, a low subsistence-level income, and the frequent illnesses of the wife all combine to make life seem dismal. Yet they are deeply religious, do not complain, and are thankful for the life they have. They go to church when they can.

Both enjoy reading and watching television.

They have difficulty accepting "charity" from strangers, but are beginning to realize they cannot maintain their home without help. This is most apparent when one sees the examples of poor housekeeping in every room.

Rev. Moore is compelled to ascertain whether each person is a "washed in the blood" "saved" Christian.

Diet consists primarily of a meals-on-wheels meal delivered daily except Saturday and Sunday. Breakfast consists of coffee and toast while dinner is cold sandwich, coffee and sometimes a cookie.

PROFILE

MRS. ELSIE MAE WILLIAMS

Age: 66

Ethnic background: Black, African

Occupation: Ex-housekeeper

Income: $150-$200 monthly, no checking account.

Health: Blind due to glaucoma, overweight, high blood pressure.

Major Limitations: Blindness is relatively recent and she has adjusted well, but needs help with meals and housekeeping. She can dress herself but needs to have help in selection of clothing especially clothes she has acquired since becoming blind.

Living conditions: Lives in one-bedroom apartment with normal facilities. Lives on second floor in an all-black neighborhood. Because of the second floor situation, she has to be accompanied whenever she leaves her apartment.

Family: None

Remarks: Mrs. Williams is a fiercely independent person who insists on taking care of herself as much as she can. She has a friend who helps her occasionally. She is very religious and used to sing in the choir. Since her loss of sight she still attends church but, because she cannot see to learn new anthems and is embarrassed about walking with cane, does not sing in the choir, and sits on back pews. A life long TV addict, she insists on "watching her soaps" daily from 12:30 to 3:30. She doesn't want to be bothered for anything during that time. Transportation is an ever present problem. None of her close friends has a car, so she must rely for transportation on a large range of resources (cabs, occasional rides from neighbors, and the senior citizens organization).

Her diet consists of coffee/iced tea, toast, canned beans, and ice cream.

WARM-UP EXERCISE 3

Purpose:

1. To enable learners to become more sensitive to the importance of accurate communication.

2. To enable learners and teachers to get to know one another better and feel more comfortable with each other.

Materials:

Blindfolds for half the learners

3 x 5 cards and pencils for each learner

One 3 x 5 card with a three-sentence message typed on it

One piece of newsprint containing the same message as is on the card

Newsprint and felt marker.

Time:
Approximately 15-30 minutes (depending upon the number of learners)

Have newsprint with message on it up, but covered.

Have class sit in two lines, facing each other across a space of some six feet. (See Figure A.)

Give each learner a 3 x 5 card and a pencil, and blindfold one line of learners.

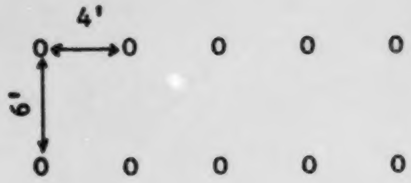
Beginning at one end of the line of unblindfolded learners, whisper the typed three-sentence message to that person, once. May not repeat. (See Figure B.) That learner quickly rises, crosses to the opposite blindfolded learner, and whispers the message to them, and returns to their own chair and writes the message on their card, and places it face down in their lap.

Meanwhile, the first blindfolded learner removes the blindfold as soon as the message is received, goes quickly across to next learner in the line of unblindfolded learners (see Figure B.), whispers message, returns to chair, and writes message on their card, placing it face down in their lap. This process continues until the message reaches the last learner, who writes the message on their card and then repeats the message out loud for all to hear. The teacher writes the message the last learner has heard on newsprint, then uncovers the original message. All learners look at what they have written on their cards.

Facilitate discussion of experience.

Note differences in messages.

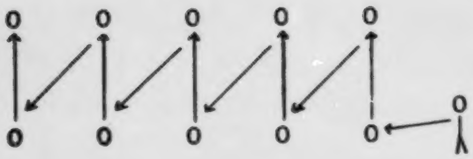
Compare experiences in listening of blindfolded and unblindfolded learners.



Line 2. All in this line are blindfolded.

Line 1. All in this line are not blindfolded.

Figure A



Teacher

Line 2. Blindfolded

Line 1. Not blindfolded

Figure B

Sample three-sentence messages:

a. It has just started to rain. Please close the classroom windows. Those who need to close their car windows may do so quickly.

b. Thelma Roberts fell and broke her hip. Bring me a blanket so I can cover her up. Call the ambulance and doctor.

WARM-UP EXERCISE 4

Purpose:

1. To make learners more aware of the importance of communication.
2. To help learners and teacher get to know one another better and be more comfortable with each other.

Materials:

4 sheets of plain paper and pencil for each learner.

Time:

Approximately 40 minutes.

Divide class into pairs, including teacher in one pair if needed.

Ask each person to draw two simple line drawings (geometric designs, sketches of buildings, stick figures, etc.), one on each of two separate pieces of paper. Do not allow partner to see drawings.

Take turns doing the following:

With your verbal assistance only, the partner is to replicate the drawings. For the first, tell him how to draw it; he is not to talk to you in any way, and you are not to see what he is doing.

For the second drawing, he is not to see your drawing but he may ask questions to be sure he understands your instructions, and you may see what he is doing, but don't comment or touch--just answer his questions.

When finished, compare the drawings.

Discuss the following:

What differences did you note in the rate of accomplishment? In accuracy of accomplishment?

How did learners feel as they tried to instruct their partners in each of the two attempts? How did the person receiving instructions feel?

What was most frustrating about the experience? Most beneficial?

What did they learn about accurate, effective communication?

REALITY ORIENTATION

Reality Orientation is the name that has been given to a program utilized in many institutions for the elderly--hospitals, nursing homes and mental hospitals. The term Reality Orientation can refer both to the philosophy behind the program and the specific techniques of such a program. This type of program was originally designed as therapeutic or rehabilitative for elderly persons who were considered senile, severely physically/mentally disabled or emotionally ill. Using the Philsophy and Techniques of Reality Orientation makes changes in the general institutional environment provided for the elderly. The attitudes of those working with the elderly then helps to prevent serious degeneration from taking place when an elderly person is placed in institutions.

It has been found that when families of elderly persons receive help in understanding the basic approach of Reality Orientation their attitudes and approach toward their elderly family member change. This helps to support the positive effects of the Reality Orientation program in the home setting. On the other hand, when the elderly person returns to a family where attitudes were not changed, it has been found that mental degeneration frequently reoccurs. Home Helpers need to understand and apply the basic philosophy of Reality Orientation in working in the home environment with the elderly. However, most of the specific techniques of the program (e.g., Reality Board, Reality Classes, etc.) will need to be applied only in a few of the situations where they might work.

The specific techniques of Reality Orientation can be considered Prescriptive in that they are utilized only with the few elderly persons who can exhibit symptoms of disorientation or senility. It is important that the teacher help the learner distinguish between the basic philosophy of the program and these specific prescriptive techniques and understand the possible misuses of Reality Orientation.

Basic Philosophy

The basic philosophy of Reality Orientation is as follows:

a) Most often people behave the way those around them expect them to behave, e.g., if everyone in the family expects granny to be forgetful, to sit in the rocker all day, to not be able to do her usual work, and therefore, keep telling her to go sit and rock, someone else will do the dishes, etc., talk around and through her about current events, not with her, etc., usually granny will begin to lose touch with what is going on, stop being able to do things and sit in the rocker all day.

b) Each elderly person, irregardless of the amount of physical/mental disability that may have occurred with aging and/or illness, is to be treated with respect and given maximum opportunities for participation in decisions about their life as well as participation in all aspects of life, i.e., support independence.

c) One adapts the environment to facilitate this maximum independence on the part of the elderly.

d) The total milieu provided the elderly persons must support independence, i.e., the attitude of those involved with the elderly as well as the environment 24 hours a day, 365 days a year.

e) A team approach is essential--All persons involved with the elderly must plan and work together to provide the proper milieu.

Prescriptive Techniques

Some prescriptive techniques of Reality Orientation are as follows:

a) Provide meaningful work for the elderly.

b) Provide opportunities for physical and mental exercise.

c) Speak slowly and distinctly with the elderly who have difficulty understanding.

d) Provide basic information on who, what, where, etc., both verbally and visually (Reality Board, etc.).

e) Provide routines that support awareness of time passage.

f) Hold Reality Orientation classes.

Precautions

Although Reality Orientation has been found to be an effective tool for helping those older persons who have seemingly become senile and/or "out of touch" regain contact with reality, it is vulnerable to being misused. Such misuse can occur when persons who are just getting acquainted with Reality Orientation become "disciples" of the techniques and try to apply them in situations where they are neither needed nor appropriate.

Not all elderly persons are senile or losing touch with reality. Many have minds that are very alert and creatively active right up to the moment of death. It would be insulting to these persons if a Home Helper tried to utilize the techniques of Reality Orientation such as the Reality Boards, with them. In fact, in most situations, Home Helpers should not begin using a prescriptive program of Reality Orientation until they have consulted with a physician, nurse, social worker, or community mental health person and it is agreed that Reality Orientation is appropriate to that particular situation. It is very important that you, as the Teacher, help the learners understand that they, as para-professionals, must let the professionals know 1) when the elderly person's behavior begins to change, and 2) that they, as Home Helpers, are knowledgeable of the use of Reality Orientation, but the prescriptive aspects should only be utilized when prescribed by the appropriate professional.

Another misuse of Reality Orientation can occur when persons learn the techniques utilized by Reality Orientation classes but neither understand nor integrate the attitudinal learnings that are the foundation upon which the techniques must rest to be effective. Most of the films on Reality Orientation that are listed as resources talk about Reality Orientation as a total milieu approach, not just a few classes or techniques scattered throughout the day/week. Some also mention the important role played by the attitude one has toward the elderly in making Reality Orientation work. It is the expectation that being old means "losing touch" and "getting forgetful" that nurtures the loss of orientation in the first place. Therefore, an attitude that elderly persons can remember, can utilize their minds and bodies creatively is essential to nurture reorientation (or to prevent disorientation from occurring). A person who tries to utilize Reality Orientation classes, Reality Boards, etc., without this positive attitude and approach to the elderly person cannot be as effective as they could with a positive attitude underlying all that they do. It is vitally important, therefore, that the learners become sensitive to their attitudes toward the elderly, especially those who have some signs of disorientation, and learn to integrate a positive attitude with the specific Reality Orientation techniques in all of their relationships and time with the elderly person. Without this integration of attitude and techniques, Reality Orientation can be misused.

Yet, another potential misuse of Reality Orientation is seen in some of the films. Because many of the techniques utilized in a Reality Orientation program are similar to those used with young children, e.g., speaking in short, simple sentences; repeating names; giving basic information as to who, what, where, etc., many of the persons in the films sounded very patronizing in their conversations with the elderly. In some cases this included such nonverbal clues as the following:

1) Change in pitch of voice when speaking to the elderly so that they sounded the way many adults sound when talking with an infant.

2) The fixed smile, "I'm going to be cheery when I talk with you if it kills us both".

3) Inappropriate use of "we" when talking with elderly about a proposed activity, etc., e.g., We are feeling a lot better today, aren't we? We need to go take our bath now, don't we?

This type of patronizing is insulting and dehumanizing with persons of 70 plus years who have a wealth of knowledge and life experience behind them. It also is counter to the basic philosophy of Reality Orientation: elderly persons, no matter what their physical or mental limitations might be, are persons to be respected and treated with dignity just as are all persons regardless of age. As learners practice Reality Orientation techniques, and in the discussions of the films you chose to show, you can help them to become sensitive to this potential misuse of an otherwise valuable tool for work with the elderly. Good questions to ask of each of the learners as they listen to themselves and each other are: "How would you feel if someone talked with/to you that way? Valuable, an equal, and respected? Or, put down, discounted, and pitied?"

Finally, Reality Orientation can be misused if in one's eagerness to help the elderly person regain, and stay in touch with the present, all discussion of the past is cut off and the person is not allowed to share memories that are valuable to him. The Role of the Past in the Present (p. IV-A8 speaks to this issue. Also, the section, "One Woman's Death: A Victory and A Triumph" of the Kubler-Ross book, Death the Final Stage of Growth is related to the same issue. The suggested discussion questions on several of the film guides raise the issue also. You will need to help the learners understand that, although one's memories of the past can crowd out the reality of the present or planning for the future, the sharing of memories of the past is appropriate to and important for living to the fullest in the present. It is not a question of whether one should share memories or not, but whether the past impinges on the present to the extent that functioning safely and independently is impaired.

Summary

Reality Orientation is both a philosophy and a program, encompassing both attitudes and techniques. The philosophy and attitudes are appropriate on a more global scale in dealing with older persons. The techniques and programs are more specific and prescriptive and are appropriate only in a few situations. Reality Orientation is an important, effective tool for the Home Helper, but like many other good programs it can be misused. Home Helpers must, therefore, understand these possible misuses and the precautions they should exercise to insure that its value and effectiveness is maintained when utilized.

SYSTEMS ANALYSIS APPROACH TO DECISION MAKING

One way of looking at and organizing the process one goes through in making a decision about a problem is known as the "Systems Analysis Approach to Decision-making". It gets its title from computer technology where systems and processes are taken for granted, and for a long time, analyzed so that they could be transferred into a computer, thus enabling computers to work effectively for us. This approach has divided the process of making decisions that solve a problem into the following six (6) basic steps:

1. Set goal
2. Brainstorm alternatives
3. Evaluate alternatives
4. Choose alternative or combination of alternatives
5. How is choice implemented
6. Who? What? When?

1. Set goal write it out.--The goal should be as simple and direct as possible. If a problem involves general facts, it should be looked at as several decisions that interrelate into one problem. Each factor (decision) should be separated out and ordered so that decisions which are dependent on another aspect of the problem are dealt with last. However, the goal should include any criteria that must be considered in evaluating the alternative solutions.

Examples:

A. Situation: Must decide what to do about TV not getting a clear picture.

Goal: To have a good TV picture reasonably consistent.

B. Situation: Need to plan activity for tomorrow afternoon.

Goal: To provide client with an activity that will provide exercise and social contact that is financially feasible.

C. Situation: Need to work out meals for next week while Home Helper will be on vacation.

Goal: To provide nutritious meals for client who cannot cook and has no transportation.

2. Brainstorm Alternatives.--This is one of the most crucial steps in the process. Until one gets accustomed to brainstorming, it is also one of the most difficult. Here it is important that you let your mind think of all the possible ways of solving the problem, even those that seem silly. (Really creative solutions to problems often utilize the key idea in these "off the top of the head" ideas). Write down every idea that comes to mind without stopping to evaluate or judge any of these ideas. If you allow yourself to stop and think about how any particular idea will work, you stop the creative process of

coming up with new ideas and possibly miss the best solution.

3. Evaluate Alternatives.--Go back through the list of alternatives and think through how each possible solution would work. Keep in mind any special evaluating criterion noted in the goal. For example, cost, etc. While doing this step, sometimes other solutions will come to mind. Add them to the list and evaluate them also.

4. Choose the Best Possible Solution.--Sometimes this is actually a combination of all or parts of more than one solution. Write down the solution chosen.

5. Evaluate Choice.--Evaluate choice in terms of what **must be done** to implement it--to make it work.

6. Decide who will do what, when to put choice into action.--Write down these final decisions. This step is very important in actually solving problems. This is the place where many people fail to utilize the efforts put into the rest of the process. This is especially true if more than one person is involved. Each will think another person is going to take care of a particular detail and so no one does it, leaving the problem unresolved (or in worse shape).

Whether one is trying to solve a problem alone or with one or more other persons, its best if the steps are gone through in sequence on paper. If a person has difficulty writing, and is working a problem alone, sitting down, clearing the mind of other matters and going through the process in sequence--saying some of the things out loud to oneself, can be effective.

If a problem is complex or ongoing, then after a solution has been chosen, a plan of action decided upon and started, it is important to keep evaluating how the solution is actually working out. Sometimes the solution uncovers another problem or other factors that alter the picture. Sometimes the solution does not work out in fact the way one hoped it would. Either way, if one stops and reevaluates what the situation is, one can adjust the goal as needed, repeat the steps 2-6 and make sure the solution continues to fit the actual situation.

This ongoing problem-solving process can be outlined as follows:

A. Evaluate Situation:

1. Set goal
2. Brainstorm alternatives
3. Evaluate alternatives
4. Choose alternatives or combination of alternatives
5. How is choice **implemented**?
6. Who? what? when?

B. Begin Implementation of Solution Choice

C. Evaluate

D. Recycle: 1-6, etc.

THREE STRESS-REDUCING EXERCISES

PURPOSE: To simulate a stress situation in a group to help it explore and resolve tension, anxiety and conflict.

TIME: about 15 minutes for each exercise.

MATERIALS: none required.

INSTRUCTIONS:

EXERCISE 1. Learners must silently form a line in which they position themselves in the order of their influence in the group. (Include the teacher.)

EXERCISE 2. Each learner must choose a father, mother, brother or sister, and grandparent from among the other group members.

EXERCISE 3*. Each participant must eliminate one person from the group.

After each exercise is completed, have the group discuss the interaction that took place. Here are a few guides for discussion:

a. How do they feel right now? Are neck/shoulder muscles tight? What other physical signs of tension/anxiety can they identify?

b. Was there laughter during the exercise? If so, was it because the situation was humorous, or because the learners were embarrassed, nervous, etc?

c. Did anyone yawn, feel very fatigued/listless at any point during the exercise? If so, was it because the situation was boring, or because learners were anxious, feeling threatened or vulnerable, etc.?

d. What took place on a non-verbal level during the exercise (particularly Exercise 1)?

e. Did learners find the exercise frightening/threatening?

f. Why were some members hesitant about participating?

g. (for Exercise 2): Did some people seem to get chosen repeatedly for a particular role? Why?

h. (for Exercise 3): Does the new group of "eliminated" people have anything in common?

*Do not proceed with Exercise 3 if group anxiety level feels too high at this point.

Divide group in half. Have one half sit in a circle close together. Have everyone turn to their right and rub the neck, shoulders, upper back of person on their right (everyone should be giving and receiving a back rub).

Have other half do the following in sequence.

a) Yawn several times

b) Take a deep breath hold and let out forceably so that lips flutter. Repeat 3 times

c) Slowly, limply rotate head in circle 4 or 5 times.

d) Let head hang down, limply, with chin on chest.

e) Rub the backs of their own heads, necks and shoulders.

f) Repeat b.

Lead a discussion on how they feel now. Note comparisons/contrasts, of those who were involved in tension relieving exercises alone and those with others. What other anxiety, stress,or tension relieving techniques have learners used that were effective for themselves individually or in cooperation with others?

AUDIO VISUAL DISCUSSION GUIDE

Title: A time to learn: Reality orientation in a nursing home. Color 28 min. 16 mm. film

Source: Gerontological Film Collection (MP575). North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Both good

Synopsis: Film begins with the quotation in Ecclesiastes in the Bible about there being a season for everything. The film tells the story of how Reality Orientation programs were set up and operated in three different nursing homes. The programs are similar and yet different in the way they were set up and put into operation. The film shows inservice training of both staff and volunteers. The film shows patients in one nursing home involved in helping to "orient" other more confused patients. Unfortunately the effort on part of the staff and volunteers to speak clearly and simply often comes through with a feeling of "talking down" or paternalism. Also the way the film's recurring emphasis on there being a time or season for everything implies wrong doing if a patient talks of the past at all. One section of the film deals with special needs of those from the Yiddish culture.

Recommendations for Use:

Preview of film important. With proper prior suggestions to reviewers of things to look for from care facilities, a lively discussion on the importance of attitude and nonverbal communications can be done. When utilizing the Reality Orientation program, specific ideas could be adapted to a home setting.

Recommendations for Additional Use:

Can be utilized in a discussion of how cultural and individual differences affect the way one implements any program with the elderly.

Suggested Discussion Questions:

1. What are the similarities in the Reality Orientation programs at the three nursing homes?
2. What are the differences? Why are they different?
3. Which techniques utilized by the nursing homes could be adapted to the homesetting? How? Which could not? Why?
4. Which program did you feel was most successful? Why?

5. Give examples of phrases, body language and attitudes on the part of persons practicing Reality Orientation that made one feel they were talking down or being patronizing of the patients?

6. What does the group feel is the appropriate role of the past, the present and the future in the life of elderly persons? in their own lives?

AUDIO VISUAL DISCUSSION GUIDE

Title: The confused person: Approaches to reality orientation. Record and script 13 min. Filmstrip

Source: Concept Media, 1500 Adams Avenue, Costa Mesa, California 92626

Sound and Photography: Both good

Synopsis: Part of a nurse training series. This filmstrip shows some of the difficulties of caring for the aged, confused person and explains basic techniques of Reality Orientation that can be used to help this type of person. It differentiates between functional and organic disorders, and between reversible and irreversible brain syndromes. Gets technical, but does a good job of defining and explaining terminology.

Recommendations for Use:

Preview by discussion leader most helpful. Discussion leader might want to prepare a glossary of terms from filmstrip to give to learners in advance of training. It can be viewed in sections and discussed one section at a time. Can be used by an individual learner or learners with reading problems. Section that tells differences between functional and organic brain disorders, etc., is especially good as background for understanding how Reality Orientation works and with what type of person it will be successful.

Suggested Discussion Questions:

1. Is confused behavior a sign of illness or a diagnosis? Why?
2. What can confused behavior be a sign of?
3. What is a Functional Brain syndrome?
4. How can one help the medical personnel figure out just what is causing an older person's confused behavior?
5. When should Reality Orientation be used?
6. What is Reality Orientation?
7. How can Reality Orientation be used in a home setting? When should a Home Helper use Reality Orientation?

AUDIO VISUAL DISCUSSION GUIDE

Title: December-spring: Twenty-four hour reality orientation. Black/White
29 min. 16 mm. film

Source: Gerontological Film Collection (MP573). **North Texas State University Main Library, Denton, Texas 76203**

Sound and Photography: Soundtrack clear; photography good.

Synopsis: Film begins with scene of elderly man walking in the woods with song, "Yes, I Could," in background. Scene switches abruptly to another old man sitting and rocking in a chair by the windows with an empty look on his face. Film then gives information regarding senility--what it is and isn't. The rest of the film shows a 24-hour Reality Orientation program in operation in a hospital setting. Though it has paternalistic overtones, the film is good because it shows the importance of the following: 1) total 24-hour program, 2) a team approach, 3) working with the family, and 4) followup after the person leaves the hospital. It also provides a lot of specific Reality Orientation ideas that could be adapted to a home setting.

Recommendations for Use:

Discussion leader should preview before showing to the group; have each learner (a small group of learners) look for examples of and/or information on different aspects of the film (e.g., examples of paternalistic attitudes on part of staff toward patients; examples of supportative, affirming attitudes toward patients; examples of specific Reality Orientation techniques that could be adapted to home setting; examples of specific Reality Orientation techniques that could not be adapted to a home setting, etc.).

Use to facilitate discussion of the importance of attitudes toward elderly as well as techniques and philosophy of Reality Orientation.

Recommendations for Additional Use:

Can be utilized by individual learners (or small group of learners who have difficulty reading) to acquire knowledge of Reality Orientation, its philosophy and techniques. Can also be utilized to sharpen learner perceptions of nonverbal communications and their own emotional reactions to the senile elderly.

Suggested Discussion Questions:

1. How did you feel at the beginning of the film when the scene switched from the man walking in the woods to the man in rocker in the hospital?

2. What is senility? In recent years how has our understanding of it changed? What type of treatment has been found to be effective?

3. What is Reality Orientation? What role is played by each of the following?

    a) pressure
    b) consistency
    c) staff, volunteers and family
    d) staff meetings
    e) patients' self-esteem
    f) Reality Orientation classes
    g) dining and day rooms
    h) followup

4. What techniques utilized in this film could be adapted to a home setting? Which could not? Why? How could they be adapted?

5. How did you feel seeing the staff walking around the dining room rather than sitting and eating with them?

6. Give some examples of phrases, tone of voice or body language used by staff that communicated a paternalistic attitude toward the patients.

7. Discuss the relationship of the point made by the film that you become the way people expect you to be, to human relations in general, and the Home Helper/Older American client relationship in particular.

AUDIO VISUAL DISCUSSION GUIDE

Title: Old peoples' home: A poetic essay on aging. Black/white Record and script 7 min. filmstrip

Source: Concept Media, 1500 Adams Avenue, Costa Mesa, California 92626

Sound and Photography: Both good

Synopsis: Using W. H. Adam's poem as the words, a dramatic photographic essay is presented on aging and institutionalization of the aged. Photographs highlight words of poem and question our cultural practice of putting the aged away into homes so they will be unseen and forgotten.

Recommendations for Use:

Preview by discussion leader is important. Helpful if copies of the words of the poem can be handed out. Due to emotional impact of filmstrips, a few minutes of quiet should follow the end before lights are turned back on.

Recommendations for Additional Use:

Can be used to sensitize people to basic problems of aging or to facilitate a discussion of the questions around putting an older person in a home.

Suggested Discussion Questions:

1. How did you feel at the end of the filmstrip? How did you feel during the dark and silence at the end of the filmstrip when everyone reached out to each other?

2. Who are the elite? The average majority? Wheelchair loaners? Terminally incompetent? What unites them all?

3. Why are the old stowed out of conscious?

4. What makes visiting elderly a presumptuous joy or a good work? What is the difference between these two?

5. How did you feel during the song? What was the song saying? Why can't elderly still be strong and brave or have laughter and joy all around? Must the "time of our life" always be with the past or future? What can make it be now?

6. How did you feel when you saw pictures of those especially infirm and feeble? How did you feel about the woman clutching the doll?

7. How is their generation different from ours in relation to aging?

8. Would you want an elderly relative of yours to be in a nursing home? Why or why not? Would you want to be in a nursing home? Why or why not?

9. What did you learn from this filmstrip that will help you as a person? As a learner? as a future Home Helper?

AUDIO VISUAL DISCUSSION GUIDE

Title: Peege. Color 28 min. 16 mm. film

Source: Gerontological Film Collection (MP595). **North Texas State University Main Library, Denton, Texas 76203**

Sound and Photography: Both excellent. Good use of sensitive cinematography techniques to emphasize meaning of film and heighten its emotional impact.

Synopsis: A family: father, mother and three sons, go to visit the father's mother in a nursing home at Christmas. The grandmother has been crippled by a stroke and is apparently blind. The reaction of each member of the family to the grandmother and her institutionalization is acted sensitively by a cast of professional actors. The film shows the ways the family communicates and fails to communicate with the grandmother and each other.

Recommendations for Use:

Preview by discussion leader essential. Film causes almost everyone who views it, men included, to cry and so its showing should be handled sensitively. Kleenex should be made available, without fanfare, and lights should be left off for a little while at the end of film. Helps people to get in touch with the many, often conflicting, feelings about an older person who is having severe physical problems in old age. Also demonstrates many different communication skills in the context of feelings and relationships.

Recommendations for Additional Use:

Film is rich and can be used for many purposes. A few as follows:

a. introduction to concerns of aging needs.
b. question of institutionalization of the aged.
c. family dynamics
d. clarification

Suggested Discussion Questions:

1. How did you feel at the end of film? How did you feel during the silence and dark at the end of film when you and everyone reached out to each other?

2. How did you feel about Peege as the film progressed? Did you feel differently at the end than at the beginning and middle?

3. How did you feel when the camera showed the catheter? Peege's hands crumbling cookies? The flash backs? Her face at the end?

4. What did each member of the family feel about Peege? Were they being honest about their feelings with themselves? each other? How did each communicate his or her feelings to Peege? What feelings were not communicated?

5. How did Peege react to the different ways each was communicating with her? Do you think she was totally blind?

6. What were the distinctive factors in the content and style of the eldest son's communication with Peege?

7. If Peege were your grandmother what would you want to do or say? Would you want her in a nursing home? Why or why not?

8. If you were Peege, what would you want most from those you loved? Would you want to be in a nursing home? Why or why not?

9. What was the most important thing this film said to you as relates to you as a person? as a learner? as a future Home Helper?

AUDIO VISUAL DISCUSSION GUIDE

Title: The priory method. Color 20 min. 16 mm. film

Source: Gerontological Film Collection (MP604). **North Texas State University Main Library, Denton, Texas 76203**

Sound and Photography: Soundtrack clear; photography good quality "home movies".

Synopsis: Tells the story of how a full-range of Reality Orientation techniques were put to use in a Catholic Priory Hospital with elderly patients to provide a restorative, restful milieu. It dramatically illustrates the recovery of the patients' minds and bodies from an almost semi-vegetable state to active, alert participation in the life of the hospital and eventually the community as a whole. It also illustrates all the facets of a total milieu approach to rehabilitation in facilities for the aged. It shows the full range of the physical, emotional and social disabilities that are associated with aging.

Recommendations for Use:

Preview by discussion leader helpful. Very rich film to which one can be referred throughout the course. It can be shown in sections, discussing each section before going onto the next one. The film can be used to illustrate severe disabilities that can be associated with the aging process and facilitate both learner recognition of these disabilities, their emotional reactions to them and how many can be modified by the attitudes and techniques used by the persons working with the elderly. Can be used to facilitate discussion of the full-range of interrelated factors that need to be recognized to produce an effective restorative program.

Recommendations for Additional Use:

The film can be used in discussions concerning basic communication skills, respect, touching and cherishing. Can be used in a discussion of values, the role of "work" in the elderly person's life, the relationship of the elderly and the community, the psychological aspects of aging. Can also be used in relation to discussions of mobility and appropriate physical exercise for the elderly.

Suggested Discussion Questions:

1. What philosophy of care reduces the physical, emotional and social deterioration of the elderly?

2. What is the basic philosophy of the Priory Method? What value did they place on pride and self-esteem when developing their program?

3. What type of work and arts and crafts opportunities did they feel were important to the program?

4. How did they develop their exercise program? How is it integrated into the total program? Give some examples of exercise with a purpose.

5. What role was played by each of the following:

   a) gardening
   b) pets
   c) hobbies and individual interests of patients
   d) volunteer groups
   e) children and other young people
   f) parade
   g) uniforms of staff
   h) operation wheelchair

AUDIO VISUAL DISCUSSION GUIDE

Title: The string bean. Black/White with color 17 min. 16 mm. film

Source: Gerontological Film Collection (#MP652), North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Both excellent; high quality film with excellent cinematography techniques utilized.

Synopsis: Story of an old woman living alone in an apartment in Paris who sews in her apartment to make money. Story focuses on her finding a discarded flower pot with a dead plant, taking it home, planting some beans in the pot and tending them as they grow.

Recommendations for Use:

Preview essential for discussion leader. Use to set the stage for the learning in the area of communication and human relations skills. Do not turn on lights and begin discussion immediately; instead allow a time for silence in the dark at the end of the film.

Recommendations for Additional Use:

Nell & Fred, The Art of Age, and Making Retirement Count could be used in conjunction with Raisin Wine, to facilitate learner discussion of differences of values, economic status, cultural heritage, etc.

Suggested Discussion Questions:

1. How did the film make you feel? about aging? about yourself?
2. How did you feel about the woman in the film when: the film started? She first had to go out into the hall to get her water? When she locked up her room to go outside? As she was going down, and later up, the stairs? She picked up the discarded plant? She planted seed and tended the plant? She took the plant to the park and planted it there? She has the plant discarded? She picked the beans? At the end of the film?
3. What meaning for you did the color section of the film have?
4. What do you think the rain at the end of the film symbolized?
5. No words were spoken in the film - how did it communicate? How did you listen? What did the woman's room, clothes, face and hands tell you about her?
6. Do you think the woman had a meaningful life? Would money have made it any more meaningful?

7. If you are comparing her to the lady with arthritis in The Art of Age, which one's life do you think is more meaningful? Why? What is the value system of each?

8. Could you be happy as the woman in this film? Why? or Why not? Do you think she was happy?

Module IV
Appendix B
Strategy 1.5.1

AUDIO VISUAL DISCUSSION GUIDE

Title: The therapeutic community, Color 28 min. 16 mm. film

Source: Gerontological Film Collection (#MP423). North Texas State University, Denton, Texas 76203

Sound and Photography: Good clear soundtrack; good photography

Synopsis: Tells the story of a geriatric ward in a mental hospital in Michigan that uses a total milieu approach to the treatment and rehabiliation of the patients. This total milieu approach emphasizes most of the general and specific techniques of Reality Orientation. Raises questions regarding attitudes toward elderly, especially those who have been labeled mentally ill by society and problems of acceptance and readjustment on dismissal from the hospital.

Recommendations for Use:

Preview by discussion leader helpful. Show along with one of the other films more specifically focused on Reality Orientation techniques to facilitate further discussion on general, basic attitudes used in Reality Orientation and ways these can be woven into everything one does with the elderly client.

Recommendations for Additional Use:

The film can also be referred back to in discussion on legal and ethical concerns in Module IX.

Suggested Discussion Questions:

1. What are differences between the usual geriatric ward in a mental institution and a therapeutic community ward? What are the hours of the therapeutic community?
2. What role does the workshop play in a therapeutic community? How are the patients paid?
3. What other activities are available to the patients besides those in the workshop?
4. What ideas from the workshop and other activities shown in the film could be adapted to a home setting? What could not?
5. What was the Advisory Committee: Why was it important? How could the central idea be applied to a home setting?

6. Why did the woman return to the hospital after she was discharged? How could her return have been avoided?

7. What questions have the staff begun to raise about this approach to the elderly mentally ill? What do you think a Home Helper can do to help with these problems--both specifically in the context of the job and generally as a member of the community?

V MEETING PERSONAL CARE NEEDS

COMPETENCIES AND OBJECTIVES

The learners will be able to:	The learners will:
1. Plan social, recreational, work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging.	1.1 Relate the physical, psychological and socioeconomic changes of the aging process to planning and carrying out social and recreational activities for the aging American.
	1.2 Plan and evaluate social and recreational activities that tend to modify or accommodate the consequences of the physical, psychological and socioeconomic changes.
	1.3 Recognize the importance of work for many aging persons.
	1.4 Delineate the types of employment available to the aging.
	1.5 Recognize the importance of continuing learning/education for many of the elderly.
	1.6 Delineate the types of educational/learning opportunities available to the aging.
2. Utilize local, state and federal resources/programs to enable the aging to maintain a dignified and purposeful lifestyle.	2.1 Identify the needs of aging which Home Helpers cannot meet without additional resources/support from agencies, institutions, individuals or other community resources.
	2.2 List and describe local, state and federal programs designed to serve the needs of the elderly.
	2.3 Demonstrate the capability to utilize the federal, state and local resources available in the community to meet the needs of the elderly.
3. Determine and utilize individual and other community resources available in meeting special needs of the aging.	3.1 Identify individual and other community resources and how they can be utilized.

The learners will be able to:	The learners will:
	3.2 Demonstrate the ability to utilize individual and other community resources.
4 Assist the aging person in personal cleanliness, grooming, and sanitation.	4.1 Demonstrate procedures for use in assisting the elderly with bathing in bed or tub.
	4.2 Demonstrate procedures for use in assisting the elderly in the care of their skin and nails.
	4.3 Demonstrate procedures for use in assisting the elderly with the care of their teeth and dentures.
	4.4 Demonstrate procedures for assisting the elderly with shaving.
	4.5 Demonstrate procedures for assisting the elderly with grooming and dressing.
	4.6 Demonstrate procedures for assisting the elderly with toileting.
	4.7 Demonstrate sanitation procedures as they relate to personal care needs of the elderly.

CONTENTS FOR: V MEETING PERSONAL CARE NEEDS

COMPETENCIES AND OBJECTIVES V-2

CONTENTS FOR MEETING PERSONAL CARE NEEDS V-4

DIRECTIONS TO THE TEACHER V-5

- Orientation to Module V V-6
- Evaluation of Module V V-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES V-11

REFERENCES V-45

- Books V-45
- Pamphlets V-46

RESOURCES V-48

- Films V-48
- Filmstrips V-49
- Records V-49
- Videotapes V-49

APPENDIX A: LEARNER INFORMATION SHEETS

- Independence: The Plea of the Elderly V-A1
- The Fat Lady V-A2
- From: The Stone Arbor and Other Stories V-A3

APPENDIX B: TEACHER INFORMATION SHEETS

- Warm-Up Exercise 5 . . . . . V-B1
- Value Clarification V-B2
- Personal Care Observations V-B3
- Modification of the Aging Process V-B5

Audio Visual Discussion Guide:

- The Priory Method V-B6
- The Art of Age V-B8
- Don't Stop the Music V-B9
- We've Come of Age V-B10
- Aging and Independence V-B11
- Trigger Films V-B12
- May Your Years Be Long in This Beautiful Place V-B14
- Step Aside, Step Down V-B16
- Raisin Wine V-B18
- The String Bean V-B19
- Perspective on Aging: Implications for Teaching V-B21
- The Homebound Aged V-B22
- Tell Me Where to Turn V-B24

DIRECTIONS TO THE TEACHER

V. MEETING PERSONAL CARE NEEDS

In working to acquire the competencies in this module, the learners will begin to put to use the general knowledge of aging gained in Module III while using the appropriate human relation and communication skills focused upon in Module IV. It is important that the learners demonstrate not just the specific skills required to meet competency but that they perform these tasks in the context of a caring concern for the aging that is sensitive to individual needs. The themes of supporting independence, serving as an Enabler and adjusting to individual differences should be woven throughout the learning of this module and all the remaining ones.

The teacher will be responsible for seeing that the learners integrate the knowledge and skills gained in Modules II, III and IV into their ability to perform the various personal care functions. The teacher is also responsible for seeing that the individual learning needs of each particular group of learners are accommodated through the strategies, adapting them as needed to meet special needs. For example, a learner with reading and writing limitations will need the resources in a particular community he can turn to for help in meeting correspondence, bill paying, etc., needs of a client. A learner who cannot drive or whose agency's policies do not allow her to drive for a client will need to learn the transportation resources she can utilize in the community for a client who needs transportation. A learner with a physical handicap that prevents him from performing some of the tasks in competency 4 will nonetheless need to learn how these tasks should be done, especially those related to safety and sanitation concerns. The handicapped Home Helper should also learn the resources in the community that he can call upon to meet the particular client needs he cannot meet himself. The handicapped Home Helper with the knowledge of what needs to be done, and the correct, safe way(s) a task should be performed, serves as an enabler and ensures that the client gets competent assistance.

To enable the learners to practice the procedures necessary to achieve competency 4, the "classroom" may need to become an empty room in a hospital, nursing home, or doctor's office, or someone's own home. Communities with medical/nursing schools will have rooms that might be utilized by the class for this set of strategies.

Because some of the personal care functions of the Home Helper in some locations and under some circumstances are considered "Nursing" or "Health Care" functions,* the teacher would be advised to have a nurse help teach the skills. The teacher and nurse will need to work closely together to ensure that the teaching of these skills is integrated with the warm, respectful attitudes learned in Module IV.

*(e.g., in some locations, under certain circumstances, cutting an elderly person's toenails is considered a medical procedure and must be done by a podiatrist or nurse).

Finally, the teacher is responsible for seeing that the learners understand just which personal care functions in competency 4 they can/cannot perform in each care area and under what circumstances. The Visiting Nurses Association, the Social Security Office (Medicare/Medicaid guides), City/County/State Health and Welfare Offices can provide this information.

Note: If this is being team-taught, the teacher for this module needs to talk with previous teachers to learn about individual strengths and needs of learners, what field trips, speakers, etc., have been utilized thus far.

ORIENTATION TO MODULE V

Purpose: 1) To introduce the learning of Module V.

2) To reinforce the learning regarding individual differences from Module III in preparation for this being integrated into learning of this module.

Setting the Stage:

Before learners arrive, rearrange poster, bulletin board, etc., and add some new pictures. Set the room up with the chairs in a circle. As learners arrive have record playing.

Materials:

Newsprint and felt-tip pens
Additional pictures, articles, etc., for bulletin board
Records to fit age, musical tastes of learner group
Copies of poetry and prose piece for learners (p. V-A2; V-A3).
Record Album: Jacques Brel is Alive and Well and Living in Paris

Materials for Warm-up Exercise 5 (p. V-B1).

Procedures:

The teacher will have the learners look at new clippings, pictures, etc., as music plays and then sit in a circle. When all are present and seated, play song, "Old Folks," by Jacques Brel, that begins, "The old folks don't talk much," from the album Jacques Brel is Alive and Well and Living in Paris. Read the poem, "The Fat Lady," by C. L. Wheeler and excerpt No. 1 from "Summer in the Mountains" by Roger Angell. (Provide learners with copies of both, Appendix V-A2; A3).

Lead learners in a discussion of the needs of the aging portrayed in each. Focus on ways these needs are similar to or different from the needs of any person.

Post the objectives of Module V on newsprint.

Have the class participate in Warm-up Exercise 5 (Appendix V-B1).

While the class is enjoying lemonade or applesauce, relate exercise and discussion of song, poetry, etc., to this exercise and the above to objectives of the module.

Note: If this is being team-taught, or nurse is going to help teach part of this module, nurse and teacher of previous module should participate in this Orientation process.

EVALUATION OF MODULE V

Purpose:
1) To determine if the objectives of Module V have been met by each learner.
2) To continue the process of enabling each learner to look at himself objectively, set goals for improvement and recognize his limits and strengths.

Setting the Stage:

Provide a place for private, individual conferences.

Materials:

Post assessments for Module V, pencils and paper (or blank tapes and records for learners who have difficulty writing).

Procedures:

The teacher will administer the post assessment.

Have each learner write (or tape) a summary of:

a) Main factors that must be taken into consideration by a Home Helper planning to meet the social, recreational, and personal care needs of their elderly client.

b) Feelings they have about Home Helper tasks learned in Module V.

c) Understandings they have of how skills learned in Module IV relate to the performance of tasks learned in Module V.

d) How and why all of the personal care tasks assumed by the Home Helper can vary from one situation to another.

e) Areas they feel they need more information about or in which they need more help in resolving their own feelings before they become Home Helpers in Aging Services.

Note: If this is being team-taught, teacher for the next module should sit in on the conference to provide transition from one teacher to the next.

Based upon the post assessments, the written summaries, a review of the revised social and recreational plans and observations of the learners' work in class to date, the teacher will have an individual conference with each learner. Areas that the learners need more work on to meet any of the objectives should be noted and plans should be made for how the learner will achieve competency. Learner ability to evaluate himself objectively should be supported. A written summary of this conference signed by the teacher and learner, should go into the learner's folder. This should note any limitations of the learners in performing the tasks and include ways learner can compensate for these limitations as well as special strengths of the learner. Particular job situations the learner should avoid due to these limitations as well as those he would do especially well in should also be discussed and noted.

CHECK LIST FOR BEHAVIORAL EVIDENCE OF COMPETENCY IN MEETING PERSONAL CARE NEEDS

Each of the following are critical objectives that lead to the projected competency. As the student is able to give evidence of the particular skill, the instructor can validate the performance.

	Date	Initial
A. Plan for social and recreational activities for an Older American to meet specific needs.		
B. Demonstrate knowledge of community government and resources and how they are utilized to meet specific needs of an Older American.		
C. Personal Hygiene		
1. give bed bath		
2. assist with tub/shower bath		
3. skin and nail care		
4. dental care		
5. shaving		
6. grooming		
a. hair		
b. make-up		
7. dressing		
a. woman		
b. man		
8. Toileting		
a. bed pan		
b. urinal		
c. toilet in bathroom		
9. Sanitation		
a. bed		
b. bath		
c. toileting		

Note: If a physical limitation keeps a learner from being able to perform a particular task himself, this should be noted. Learner knowledge of how task should be performed and local community resource to meet this client need will substitute for competency.

COMPETENCY-BASED
TEACHING MODULE

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learner will:
1 plan social, recreational work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging.	1.1 relate the physical, psychological, and socioeconomic changes of the aging process to planning and carrying out social and recreational activities for the aging American.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.1.1 review the major physical, psychological, and socioeconomic changes of the aging. Lead a discussion on how each of these changes impacts upon types of social* and recreational activities in which Older Americans can engage. Post main points on newsprint. (Utilize books, films, pamphlets, video tapes and community resources to best fill needs of particular groups of learners to facilitate review and presentation of activities.	BOOKS 5 Sensitizing people to the process of aging: The in-service educator's guide. 12 Working with older people, vol. III. The aging process: Needs and services, ch. 7. 7 The guide for in-service training for developing services for older persons. 3 Geriatrics: A study of maturity, sections 1 and 2. PAMPHLETS 22 Let's end isolation. 16 Brighter vistas: Church programs for older Americans. FILM 39 The priory method. APPENDIX: AVDG: The priory method, p. V-B6. VIDEO TAPES 47 Age relation sensory losses: An emphatic approach. COMMUNITY RESOURCES Older Americans Social Service Coordinator of Nursing Home MATERIALS Newsprint and felt-tip pens
1.1.2 divide class into three groups, one for each of the physical, psychological, and socioeconomic changes. Have each group prepare a report for entire group on how the changes of aging they are considering would impact on alternatives available to Older Americans for social* and recreational activities.	Same as for 1.1.1

*For purposes of this module, social should include political and church-related activities as well as clubs, parties, etc.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan social, recreational work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. (Cont'd)	1.2 plan and evaluate social and recreational activities that tend to modify or accommodate the consequences of the physical, psychological and socioeconomic changes.

The teacher will:

1.1.2 (Cont'd)
Lead a discussion of each of the reports, posting major points on newsprint.

1.2.1 facilitate learner visits with Older American resource persons for learners to find out their social and recreational needs and preferences.

Select appropriate film(s) and audio-visual guides to facilitate discussion of a variety of different views on social and recreational activities for the elderly and value systems represented. Choose one of the following: We've Come of Age (appendix, p. V-B10); Don't Stop the Music (appendix, p. V-B 9); The Art of Age (appendix, p. V-B8); Trigger Films (appendix, p. V-B12); Aging and Independence (appendix, p. V-B11); May Your Years be Long in this Beautiful Place (appendix, p. V-B14).

Briefly describe social, recreational and transportation facilities of the community with special emphasis on those which have discounts, special physical adaptations for the elderly.

Lead group brainstorming on alternative social and recreational activities for Older Americans that modify or accommodate the changes of the aging process. Take into consideration transportation by relatives and friends.

Have each learner discuss plans with their Older American resource person and cooperatively make any changes needed.

Have each learner report to entire group on the discussion of the plan with their Older American resource person and present the modified plan.

Lead a class discussion of insights gained in working on the plan with their Older Americans. Note on newsprint impact on plans of individual differences and any similarities in plans due to common interests.

Same as for 1.1.1 and 1.1.2, plus:

BOOKS

12 Working with older people, vol. III: The aging process: Needs and services.

4 Transportation and aging: Selected issues.

6 Hand-in-hand: Cross age interactions.

10 Resources of people 65 and over.

PAMPHLETS

26 The fitness challenge in the later years: An exercise program for older Americans.

28 To find the way to opportunities and services for older Americans.

25 Project helping wheels.

29 What is a multi-purpose senior center?

24 New learning in later life.

21 Guidelines for a telephone reassurance service.

27 The older pedestrian.

32 You've learned a lot in 60 years of living: Don't keep it to yourself.

17 Consumer information.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan social, recreational work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. (Cont'd)	1.2 plan and evaluate social and recreational activities that tend to modify or accommodate the consequences of the physical, psychological and socioeconomic changes. (Cont'd)

The teacher will:

1.2.1 (Cont'd)
Provide learners with copies of:

a. Community resources for finding social and recreational activities for the aging.

b. Plans developed for Older American resource persons.

c. Chart summary of major changes and activities that tend to modify or accommodate these changes.

FILMS

44 We've come of age.

37 Don't stop the music.

36 The art of age.

43 Trigger films.

35 Aging and independence.

33 May your years be long in this beautiful place.

APPENDIX: AVDG: We've come of age, p. V-B10.

APPENDIX: AVDG: Dont' stop the music, p. V-B9.

APPENDIX: AVDG: The art of age, p. V-B8.

APPENDIX: AVDG: Trigger films, p. V-B12.

APPENDIX: AVDG: Aging and independence, p. V-B11.

APPENDIX: AVDG: May your years be long in this beautiful place, p. V-B14.

COMMUNITY RESOURCES
Office on Aging
Senior Center/Nursing Home
Public Library, community resources department
Information and Referral
Public transportation authority
Yellow pages for tax services, etc.
Older Americans
Council of Churches
Physical Therapist
Retirement groups (AARP/NRTA/NARFE)
Parks and Recreation Director

MATERIALS
Newsprint and felt-tip pens

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan social, recreational work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. (Cont'd)	1.2 plan and evaluate social and recreational activities that tend to modify or accommodate the consequences of the physical, psychological and socioeconomic changes. (Cont'd)
	1.3 recognize the importance of work for many aging persons.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.2.2 develop a panel of local resource persons and Older Americans to present information on the following: a. Social and recreational facilities available, with special emphasis on those that provide discounts, programs, etc., for Older Americans. b. Transportation alternatives. Allow time for questions and answers. Have panel and learners brainstorm together alternatives for social and recreational activities that tend to modify or accommodate the consequences of the changes of aging as reviewed and posted in 1.1.2.	Same as for 1.2.1 plus
Divide class into several groups, with one or two resource persons in each group. Provide each group with one or two profiles of an Older American from Profiles (appendix p. IV-A12-A20) for whom they are to develop a three-month plan of activities that will be responsive to their individual needs/interests. Have groups report. Lead discussion of plans, altering plans according to group input. Note on chart or newsprint differences in plans according to individual differences in Older Americans and any similarities in plans according to common interests.	APPENDIX: Profiles, p. IV-A12-A20.
1.3.1 facilitate learner visits with Older American resource persons. Have learners find out: a. How they felt when they first retired. b. What were the changes in their lives at retirement? Which were easiest to adjust to and why? Which was hardest to adjust to and why?	BOOKS 3 Geriatrics: A study of maturity, pp. 67-74. 8 Older Americans: Special handling required, ch. 1. 12 Working with older people, vol. III: The aging process: Needs and services, ch. 12. 9 Future shock. 1 The coming of age.

665

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan social, recreational work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. (Cont'd)	1.3 recognize the importance of work for many aging persons. (Cont'd)

The teacher will:

1.3.1 (Cont'd)

c. What kind of work (paid or volunteer) they do now, if any, and how they feel about their current work as compared to work before retirement. If they are not working, explore reasons why, whether they would/would not like to work and if so, what type and amount of work they would want to do.

Have learners report on visits with Older Americans. After each, post on newsprint main points in each report, organized according to:

a. types of work
b. amount of work
c. feelings about work

Facilitate a discussion of reports. Present to class information on economic changes that occur at the time of retirement for most persons and the impact of these changes on their lifestyle and their feelings about themselves. (Film may be utilized here.) Select appropriate film and audio-visual guide and have learner project ahead for herself the type of life they would like to lead after retirement, and whether or not they will need to work, for pay or volunteer, to attain their goal. Select films from: Step Aside, Step Down (appendix, p. V-B16); Raisin Wine (appendix, V-B18); and The String Bean, (appendix, p. V-B19).

Lead group discussion on these projections with emphasis on how learner's own feelings about work and life after retirement could affect their role as Home Helper.

PAMPHLETS

18 Estimating your social security retirement check.

31 You can work and still get social security checks.

20 Guide to supplemental security income.

15 Age discrimination in employment act.

32 You've learned a lot in 60 years: Don't keep it to yourself.

19 Facts about older Americans 1975.

BOOK

10 Resources of people 65 or over.

FILMS

40 Step aside, step down

34 Raisin wine

41 The string bean

APPENDIX: AVDG: Step aside, step down, p. V-B16.

APPENDIX: AVDG: Raisin wine, p. V-B18.

APPENDIX: AVDG: The string bean, V-B19.

COMMUNITY RESOURCES
Retirement Groups (see 1.2.1).
Green Thumb Program
ACTION
Foster Grandparents Program
RSVP
Older Americans

MATERIALS
Newsprint and felt-tip pens
Pencils and paper

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan social, recreational work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. (Cont'd)	1.3 recognize the importance of work for many aging persons. (Cont'd)
	1.4 delineate the types of employment available to the aging.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
1.3.2 develop a panel of 5-7 persons most of whom are working as volunteers or for pay, after retirement. Include one or two who are now "working" but are actively engaged in some avocation (e.g., gardening, photography, golf, stamps/china collecting, etc.) Have panel speak on the issues of: a. Impact of retirement on their own life, economically, psychologically and socially. b. How/why they decided to work.	Same as for 1.3.1 plus
Divide into same small groups as in 1.2.2 and panel members in each group utilize same Profiles, (appendix, p. IV-A12-A20), as were used to plan social and recreational activities.	APPENDIX: Profiles, p. IV-A12-A20.
Have each group report on their discussion. Note main points on newsprint. Summarize main ideas and information from panel's presentation and discussion.	MATERIALS **Newsprint and felt-tip pens** **Pencils and paper**
1.4.1 present information on the types of employment available in that community to the elderly. Include, but do not limit to: a. Paid positions--part-time as well as full-time. b. Information on annual income restrictions on some elderly persons due to social security regulations. c. Volunteer. d. Clubs that are supportive of work on avocations. e. In-home options f. Transportation availability as relates to jobs.	COMMUNITY RESOURCES Employment Office State Employment Agency Social Security Office Also those listed under 1.3.1.
Leave time for questions and answers. Have learners develop a list of local resources for work opportunities for the elderly.	

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan social, recreational, work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. (Cont'd)	1.4 delineate the types of employment available to the aging. (Cont'd)
	1.5 recognize the importance of continuing learning/education for many of the elderly.

SUGGESTED STRATEGIES

The teacher will:

1.4.2 reassemble panel from 1.3.2. Ask them to speak on a-f from 1.4.1.

Leave time for questions and answers.

Provide learners with a list of local resources on work opportunities for the elderly.

1.5.1 facilitate learner visits with Older American resource persons. Have learners find out:

a. How they feel about learning and education, formal and informal and the role it plays in their lives.
b. What type of learning/educational opportunities do they wish were available to them that are not now available.
c. If they feel they are still learning, explore reasons why.

Have learners report on their visits with the Older Americans. After each, post on newsprint main parts in each report, organized according to:

a. Feelings about learning/education
b. Types of learning/education
c. Amount of involvement with learning/ educational activities.

Facilitate a discussion of the reports. View filmstrip, Perspective on Aging: Implications for teaching.
Have each learner project ahead for himself the type of life he would like to lead when 65 plus years old and the role education would play in his life. Lead a group discussion on these projections with emphasis on how learner's own feelings about education and learning could affect his role as a Home Helper.

1.5.2 develop a panel of two to four persons who are either involved in providing or participating in learning/educational experiences for the elderly. Have panel speak on the following:

REFERENCES AND RESOURCES

Same as for 1.4.1 plus

COMMUNITY RESOURCES
- Public School System
- Community colleges
- Public Library
- Local University
- Trade or business schools
- Parks and Recreation Depts.
- Senior Centers
- Churches
- Local Chapter of Retired Teachers Association

MATERIALS
- **Newsprint and felt-tip pens**
- **Pencils and paper**

FILMSTRIP
45 **Perspective on aging: Implications for teaching.**

PANEL
- **Community Resource people**

COMPETENCIES	**OBJECTIVES**
The learners will be able to:	The learners will:
1 plan social, recreational, work, and/or educational activities appropriate to physical, psychological, and socioeconomic needs of the aging. **(Cont'd)**	1.5 recognize the importance of continuing learning/education for many of the elderly. **(Cont'd)**
	1.6 delineate the types of educational/learning opportunities available to the aging.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.5.2 (Cont'd) 1) what is "education" 2) how does one learn 3) how learning and age relate 4) the role learning/education can play in the life of elderly persons Facilitate a discussion between panel and learners. Include in discussion how personal/cultural differences can affect the role education/learning plays in the life of a particular person. Note main points on newsprint. Summarize.	
1.6.1 present learners with information on the types of learning/educational opportunities available to the aging in your community. Include both formal and informal settings. Leave time for questions and answers. Have each learner develop a list of educational/learning opportunities appropriate for her Older American resource persons. Facilitate learner visits with the Older American so they can discuss the lists and choose which ones Older Americans would like to participate in. This should include why he is interested in that activity, cost, transportation required for participation, etc. Have learners share with each other their lists and results of discussion with the Older American resource persons. Post on newsprint main parts. Develop master list of educational/learning opportunities from learners' lists and provide each learner with a copy. Summarize.	Same as for 1.5.1
1.6.2 reassemble panel from 1.5.2. Ask them to provide information on sources. Leave time for learner questions and answers to panel members. Utilizing five of the profiles from Profiles (appendix, p. IV-A12-A20), have learners and panel members brainstorm learning/educational plans appropriate to each person in the profile.	Same as for 1.5.1 APPENDIX: Profiles, p. IV-A12-A20.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 utilize local, state, and federal resources/programs to enable the aging to maintain a dignified and purposeful lifestyle.	2.1 identify the needs of aging which Home Helpers cannot meet without additional resources/support from agencies, institutions, individuals, or other community resources.

The teacher will:

1.6.2 (Cont'd)

Provide learners with a master list of educational/learning opportunities in your community. List should include cost, transportation, etc. Summarize.

2.1.1 facilitate a discussion with the learners to identify needs of the elderly which a Home Helper can meet only through assistance from other resources. (Refer to films seen previously or show additional films at this time and discuss relation to this objective). Post needs on newsprint under the following categories, leaving room to list resource opposite need.

a. agency help
b. institutional help
c. individual help
d. other community assistance

May include need for:

a. hospitalization
b. doctor/dentist/eye/hearing
c. medicines
d. special equipment (walker, bedrails, hospital bed)
e. food service (congregate food service/meals-on-wheels)
f. food supplies/food stamps
g. obtaining or repairing clothing
h. laundry service
i. television or entertainment
j. reading materials, library service
k. bank services, post office, bill paying
l. institutionalization
m. money/income
n. to have older person eat properly and enough food.
o. older person to care about personal hygiene/dress
p. pastor/priest/rabbi, etc.
q. beauty parlor/barber shop

Leave list posted for remainder of this and next competency.

FILMS

42 Tell me where to turn.

40 Step aside, step down.

PAMPHLETS

28 **To find the way to opportunities and services for older Americans.**

13 AOA federal focal point for action for older Americans.

MATERIALS

Newsprint and felt-tip pens

COMMUNITY RESOURCES

Office on Aging
Social Security Office
Welfare Office
State Unit on Aging
Nursing Home
Medical clinic/hospital for person familiar with Medicare and Medicaid help
Council of Churches
Senior Center
Information and Referral

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 utilize local, state, and federal resources/programs to enable the aging to maintain a dignified and purposeful lifestyle. (Cont'd)	2.2 list and describe local, state, and federal programs designed to serve the needs of the elderly.
	2.3 demonstrate the capability to utilize the federal, state, and local resources available in the community to meet the needs of the elderly.

The teacher will:

2.2.1 have learner teams search out and provide to other learners information on the local, state, and federal programs designed to serve some of the needs of the elderly that are available in your community. Information should include:

a. Examples of the types of needs and services each agency can meet. Note on needs list.
b. Sources of funding.
c. Information on how to contact each agency and the procedures each uses to assess cases and begin services.

Obtain up-to-date pamphlets and other handouts from the community resources.

2.2.2 invite directors/other representatives of local and regional/state agencies designed to serve the needs of the elderly. Ask them to give information about their own and other programs. Include:

a. Examples of the types of needs and services each agency can meet. Note on needs list.
b. Their source of funding and problem of adequate ongoing funding to maintain programs for the elderly.
c. Information on how to contact such agencies and the procedures each uses to assess cases and begin services.

Obtain up-to-date pamphlets and other handouts from community resources.

Same as for 2.1.1 plus

PANEL OF RESOURCES

Local Directors of Agencies
Regional Directors of Agencies
State Directors of Agencies
or representatives

2.3.1 facilitate a group discussion in which learners develop two sample case histories of situations where a Home Helper would need to utilize one or more of the local, state, or federal agencies and institutions to meet the needs of the person in their care.

Post main parts on newsprint.

Have each learner work out a plan for meeting the needs, including how one

Same as for 2.1.1

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 utilize local, state, and federal resources/programs to enable the aging to maintain a dignified and purposeful lifestyle. (Cont'd)	2.3 demonstrate the capability to utilize the federal, state and local resources available in the community to meet the needs of the elderly. (Cont'd)
3 determine and utilize individual and other community resources available in meeting special needs of the aging.	3.1 identify individual and other community resources and how they can be utilized.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 2.3.1 (Cont'd) approaches the agency/institution for assistance and how long it takes to receive assistance. Two examples of needs to be included are: a. Elderly person is able to, and expresses a desire to, participate in church/social/hobby/craft activity. b. Elderly person needs to see dentist/doctor/eye doctor. (Do not limit yourself to only these needs). Facilitate a discussion of the plans. Summarize. Reassemble panel used in 2.2.2. Divide class into groups of two or three and provide each group with a case history for which they are to prepare a plan by which needs will be met utilizing existing agencies.	COMMUNITY RESOURCES Same as for 2.1.1
2.3.2 in advance, ask learners to develop two sample case histories that include multiple needs they know can be met by existing agencies/institutions. Have learners present their case history to the panel. Ask panel members to respond to the cases with ways needs presented could be met by existing community services. Facilitate discussion among panel and learners of cases and panel suggestions. Summarize.	COMMUNITY RESOURCES Same as for 2.1.1
3.1.1 facilitate a group brainstorming session to identify individual and other community resources available to meet remainder of needs identified in 2.1.1. Some of these resources might be: a. fire department b. ambulance service c. family member d. neighbor	Same as for 2.1.1 COMMUNITY RESOURCES Telephone book Directory of city services Library community services department United Way Agency directory

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
3 determine and utilize individual and other community resources available in meeting special needs of the aging. (Cont'd)	3.1 identify individual and other community resources and how they can be utilized. **(Cont'd)**
	3.2 demonstrate the ability to utilize individual and other community resources.
4 assist the aging person in personal cleanliness, grooming, and sanitation.	4.1 demonstrate procedures for use in assisting the elderly with bathing in bed or tub.

SUGGESTED STRATEGIES

The teacher will:
3.1.1 (Cont'd)

e. older person's attachment to/concern for another person
f. older person's own sense of humor

For each resource listed, lead discussion on how one goes about utilizing that resource.

3.2.1 divide learners into groups of 4 or 5.

Have each group develop two role plays portraying a situation where a client's needs must be met by the Home Helper utilizing individual and other community resources. Serve as a facilatator to groups.

Have learners present their role plays. When all are presented, facilitate a discussion of them. Encourage learners to brainstorm other possible solutions to the problems presented in the role plays. Include in the discussion what would make one particular solution best for a particular client/situation.

Summarize learnings of competencies 2 and 3.

4.1.1 present information on the physical and emotional importance of personal hygiene as it pertains to the particular concerns and situations of elderly persons. Use the resource, Personal Care Observations, (appendix, p. V-B3).

Demonstrate on a life-size dummy or on one of the class members the proper procedures for assisting the elderly with bathing in bed or tub. (Alternative: invite a geriatric nurse to demonstrate).

*For each of the following objectives the teacher might want to have the appropriate outside expert assist in teaching due to specialized nature of skills to be taught and because of legal considerations.

REFERENCES AND RESOURCES

MATERIALS
Props for role playing

BOOKS
2 Care of the nursing home patient, pp. 33-46.

11 Working with older people, vol. 1: The practitioner and the elderly.

3 Geriatrics: A study of maturity, unit 12, pp. 96-105.

FILM
38 The homebound aged

APPENDIX: Personal care observations, p. V-B3.

COMPETENCIES	**OBJECTIVES**
The learners will be able to:	The learners will:
4 **assist the aging person in personal cleanliness, grooming, and sanitation.** (Cont'd)	4.1 demonstrate procedures for use in assisting the elderly with bathing in **bed or tub. (Cont'd)**
	4.2 demonstrate procedures for use in assisting the elderly in the care of their skin and nails.

SUGGESTED STRATEGIES

The teacher will:
4.1.1 (Cont'd)

Caution learners about possible burning of skin from too-hot water, due to decrease in heat sensitivity in tactile sensors of many elderly. (Same caution applies to heating pads). The Home Helper may need to help older persons to realize that they are not feeling as much heat as is actually present so they will not burn themselves.

Present special precautions regarding tub baths and high-accident risk related to tub baths.

4.2.1 describe and demonstrate procedures in assisting the elderly with the care of skin and nails. Include sponging between baths, backrubs, lotions, leg and arm massage, cleaning and cutting finger and toenails. Toenails on some elderly persons get very hard and thick, and can only be properly and safely cut by a podiatrist or nurse. Filing of nails is usually safer than cutting. (Alternative: Invite a geriatric nurse or physician to lead the session).

Divide into pairs to practice procedures for assisting the elderly in care of skin and nails (Refer to 4.1.1). The teacher will serve as a resource to assist with solving problems and to give specific guidance in improving techniques. Maximum independence on part of the elderly is to be supported at all times. (Learners will continue practicing until all have mastered skills).

Discuss with class particular circumstances which might alter procedures, e.g., stroke patients, patients in casts or traction, disoriented or fearful elderly persons.

REFERENCES AND RESOURCES

MATERIALS
- Life-size dummy
- Small plastic dishpan
- Soap and water
- Wash cloths
- Towels
- Bathtub
- Bed
- Chair
- Table
- Learner's own dressing gown/robe.

COMMUNITY RESOURCES
- Geriatric nurse.

BOOKS
2 Care of the nursing home patient, pp. 155-168, 169-184.

3 Geriatrics: A study of maturity, pp. 96-105, 209-222.

COMMUNITY RESOURCES
- Geriatric nurse
- Nursing home
- Visiting Nurses Association
- Dermatologist
- Podiatrist
- Manicurist

MATERIALS
- Nail clippers, file, cuticle clippers
- Clippers
- Skin lotion
- Rubbing alcohol
- Tissue
- Wash cloths
- Towels
- Soap and water
- Small plastic dishpan
- Small dish for soaking fingers
- Chair
- Bed
- Table

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
4 assist the aging person in personal cleanliness, grooming, and sanitation. (Cont'd)	4.3 demonstrate procedures for use in assisting the elderly with the care of their teeth and dentures.
	4.4 demonstrate procedures for assisting the elderly with shaving.

SUGGESTED STRATEGIES

The teacher will:

4.3.1 arrange for a dental hygienist or dentist to present information on the importance of dental hygiene as it relates to elderly and periodontal concerns.

Demonstrate proper procedures for assisting the elderly with care of their teeth and/or dentures.

Arrange for mirror and periodontal flashlights. Use pairings to practice dental care, checking on thoroughness with the mirror and on gentleness with the pair feedback.

Using the pairing technique, have learners practice and refine denture-care techniques until all have mastered skills.

Maximum independence on part of elderly is to be supported at all times.

Teacher and dental hygienist serve as facilitators/resource persons for the practicing of both types of techniques.

4.4.1 describe and demonstrate on a life-size dummy or student the correct procedures for assisting the elderly with shaving, using a safety razor or electric shaver. Facilitate a class discussion on particular circumstances altering procedures, e.g., paralysis, personal preferences, disoriented or fearful elderly persons.

Utilize the pairing procedure to practice shaving techniques on a dummy or volunteer until all have mastered skills.

Maximum independence on part of elderly is to be supported and learners should remain sensitive to attitudes/feelings of person being shaved.

REFERENCES AND RESOURCES

BOOKS

2 Care of nursing home patient, pp. 185-192.

COMMUNITY RESOURCES

- Dental hygienist
- Dentist
- Geriatric Nurse

MATERIALS

- Mirror
- **Periodontal flashlight**
- Dental floss
- Learners' own toothbrushes
- Toothpaste
- Pair of dentures
- Dental brush

COMMUNITY RESOURCES

- Barber
- Geriatric nurse
- Nursing home
- Hospital
- Visiting Nurses Association

MATERIALS

- Life-size dummy
- Shaving supplies, both electric and blade
- Mirror
- Small basin
- Soap and water
- Towel
- Wash cloth
- Bed
- Chair
- Table

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
4 assist the aging person in personal cleanliness, grooming, and sanitation. (Cont)	4.5 demonstrate procedures for assisting the elderly with grooming and dressing.
	4.6 demonstrate procedures for assisting the elderly with **toileting**.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
4.5.1 describe and demonstrate on a life-size dummy or student the correct procedures for assisting the elderly with grooming and dressing. Utilize the pairing procedure to practice grooming and dressing techniques on a dummy or volunteer until all have mastered skills. Maximum independence on the part of the elderly is to be supported and learners are to remain sensitive to attitudes/feelings of the person being dressed. Facilitate a class discussion on particular circumstances altering procedures, e.g., paralysis, personal preferences, disoriented or fearful elderly persons.	COMMUNITY RESOURCES Visiting Nurses Association Nursing home RN or LPN who works with elderly MATERIALS Life-size dummy One set male and one set female clothes. (Learners can provide set of own clothes). Ped Chair Hairbrushes Combs BOOKS 2 Care of the nursing home patient, pp. 141-153. 3 Geriatrics: A study of maturity, pp. 235-243.
4.6.1 describe and demonstrate with a life-size dummy correct procedures for assisting either a bedridden or ambulatory elderly person with toileting. Utilize the pairing procedure to practice toileting techniques on a dummy or volunteer until all have mastered skills. Maximum independence on part of elderly is to be supported, and learners are to remain sensitive to feelings/attitudes of person being assisted. Facilitate a class discussion on particular circumstances altering procedures, e.g., paralysis, personal preferences, disoriented or fearful elderly persons.	COMMUNITY RESOURCES Nursing home Hospital Visiting Nurses Association RN or LPN who works with elderly MATERIALS Life-size dummy Bedpan/urinal Toilet Bed Chair Walker Crutches Cane Toilet tissue Wash cloth Small basin Soap and water

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
4 assist the aging person in personal cleanliness, grooming, and sanitation. **(Cont'd)**	4.7 demonstrate sanitation procedures as they relate to personal care needs of the elderly.

SUGGESTED STRATEGIES

The teacher will:

4.7.1 discuss the importance of sanitation procedures as they relate to the bed, toileting, bath care of the elderly. Include information on cleaning supplies, disinfectants, etc.

Describe and demonstrate:

a. When and how to change and disinfect a bed without someone in it.
b. When and how to change and disinfect a bed with someone in it.
c. When and how to clean and disinfect the bathroom and all its fixtures.
d. When and how to clean and disinfect bedpans, urinals, etc.

Supervise the practice of each learner with all of the above sanitation techniques. **Use the resource, Personal Care Observations (appendix, p. V-B3).** Maximum independence on part of elderly is to be supported. Learners should remain sensitive to feelings of person in the bed/room.

Facilitate a discussion on particular circumstances that might alter techniques, e.g., variation in home facilities, mobility of patient, patient attitudes.

REFERENCES AND RESOURCES

COMMUNITY RESOURCES
Nursing home
Hospital
Visiting Nurses Association
RN or LPN who works with the elderly

MATERIALS
Life-size dummy
Bed
Two sets of linens
Disposable cleaning cloth
Liquid disinfectant cleanser
Scouring powder
Toilet bowl cleaner and brush
Ammonia-water solution for cleaning glass.
Bedpan/urinal
Chair
Table

APPENDIX: Personal care observations, p. V-B3.

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

1 de Beauvier, S. *The coming of age*. New York, New York: Warner Books, Inc., 1973.

*2 Brickner, P. W., ed. *Care of the nursing home patient*. New York, New York: The Macmillan Company, 1971.

*3 Caldwell, E., & Hegner, B. *Geriatrics: A study of maturity*. Albany, New York: Delmar Publishers, 1975.

4 Cantilli, E. J. *Transportation and aging: Selected issues* (DHEW Publication No. (OHD) 74-20232). Washington, D.C.: U. S. Government Printing Office, n.d.

*5 Ernst, M., & Shore, H. *Sensitizing people to the process of aging: The in-service educator's guide*. Denton, Texas: The Center for Studies in Aging, North Texas State University, 1975.

6 *Hand-in-hand: Cross age interactions*. New York, New York: Girl Scouts of the U.S.A., 1975.

*7 Spear, M. *The guide for in-service training for developing services for older persons* (DHEW Pub. No. (OHD) 74-20667). Washington, D.C.: U. S. Government Printing Office, 1974.

8 Tiven, M.B. *Older Americans: Special handling required*. Washington, D.C.: National Council on the Aging, 1971.

9 Toffler, A. *Future shock*. New York, New York: Bantam Books, Inc., 1971.

10 U.S. Department of Health, Education, and Welfare, Office of Research and Statistics. *Resources of people 65 or over* (S.S. Pub. 1-71 5-71). Washington, D.C.: U.S. Government Printing Office, 1971.

11 U.S. Department of Health, Education, and Welfare, Office of Research and Statistics. *Working with older people, Vol. I: The practitioner and the elderly* (DHEW Pub. No. HRA 74-3116). Washington, D.C.: U.S. Government Printing Office.

*12 U.S. Department of Health, Education, and Welfare, Office of Research and Statistics. *Working with older people, Vol. III: The aging process: Needs and services* (DHEW Pub. No. HRA 74-3118). Washington, D.C.: U.S. Government Printing Office.

*Key resources

PAMPHLETS

13 AOA federal focal point for action for older Americans (DHEW AOA Pub. No. (OHD) 75-20143). Washington, D.C.: U. S. Government Printing Office, n.d.

14 Action: Senior companion program (Action flyer 4401.1 (2-75). Washington, D.C.: ACTION, 1975.

*15 Age discrimination in employment act (Department of Labor W.H. Pub. 1230). Washington, D.C.: U.S. Government Printing Office, 1974.

16 Brighter vistas: Church programs for older Americans (DHEW Pub. No. (OHD) 74-20188). Washington, D.C.: U. S. Government Printing Office, n.d.

17 Consumer information. Pueblo, Colorado: Public Documents Distribution Center, 1975.

18 Estimating your social security retirement check (DHEW Pub. No. (SSA) 75-10047). Washington, D.C.: U.S. Government Printing Office, 1975.

19 Facts about older Americans 1975 (DHEW Pub. No. (OHD) 75-20006). Washington, D.C.: U.S. Government Printing Office, 1975.

20 Guide to supplemental security income (DHEW Pub. No. (SSA) 75-11015). Washington, D.C.: U.S. Government Printing Office, 1975.

21 Guidelines for a telephone reassurance service (DHEW Pub. No. (OHD) 75-20200). Washington, D.C.: U. S. Government Printing Office, n.d.

*22 Let's end isolation. (DHEW Pub. No. (OHD) 75-20129). Washington, D.C.: U.S. Government Printing Office, 1974.

23 Make each person count (DHEW Pub. No. (ADM) 74-110). Washington, D.C.: U.S. Government Printing Office, 1974.

*24 New learning in later life. Washington, D.C.: Adult Education Association U.S.A., 1975.

25 Project helping wheels (DHEW Pub. No. (OHD)/AOA) 74-20102). Washington, D.C.: U.S. Government Printing Office, n.d.

*26 The fitness challenge in the later years: An exercise program for older Americans (DHEW Pub. No. (OHD) 75-20802). Washington, D.C.: U.S. Government Printing Office, n.d.

27 The older pedestrian (DHEW/AOA Publication). Washington, D.C.: Administration on Aging, 1969.

28 To find the way to opportunities and services for older Americans (DHEW Pub. No. (OHD) 75-20807). Washington, D.C.: U.S. Government Printing Office, 1975.

29. What is a multi-purpose senior center? Washington, D.C.: The National Council on the Aging, Inc., 1975.

30 You are invited (Action Flyer No. 4500-1). Washington, D.C.: RSVP/ ACTION, 1974.

31 You can work and still get social security checks (DHEW Pub. No. (SSA) 74-10092). Washington, D.C.: U.S. Government Printing Office, 1974.

32 You've learned a lot in 60 years of living: Don't keep it to yourself (Action Flyer No. 4500-2). Washington, D.C.: ACTION, 1974.

RESOURCES

FILMS

33 American Association of Retired Persons. May your years be long in this beautiful place. 215 Long Beach Blvd., Long Beach, California 90801: author, n.d. (Black/white, rental, 16mm, 30 min).

34 American Association of Retired Persons. Raisin wine. 215 Long Beach Blvd., Long Beach, California 90801: author, n.d. (Color, rental, 16mm, 15 min).

35 Cornell University and New York State College of Home Economics. Aging and independence. 215 Long Beach Blvd., Long Beach, California 90801: American Association of Retired Persons, n.d. (Black/white, rental, 16mm, 15 min).

36 Gerontological Film Collection, North Texas State University Main Library. The art of age (MP641). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 27 min).

37 Gerontological Film Collection, North Texas State University Main Library. Don't stop the music (MP594). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 20 min).

38 Gerontological Film Collection, North Texas State University Main Library. The homebound aged (MP516). Denton, Texas 76203: author, n.d. (Black/white, rental, 16mm, 30 min).

39 Gerontological Film Collection, North Texas State University Main Library. The priory method (MP604). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 20 min).

40 Gerontological Film Collection, North Texas State University Main Library. Step aside, step down (MP524). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 20 min).

41 Gerontological Film Collection, North Texas State University Main Library. The string bean (MP652). Denton, Texas 76203: author, n.d. (Black/white, rental, 16mm, 17 min).

42 Gerontological Film Collection, North Texas State University Main Library. Tell me where to turn (MP441). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 30 min).

43 Gerontological Film Collection, North Texas State University Main Library. Trigger films (MP 560). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 14 min).

44 Gerontological Film Collection, North Texas State University Main Library. We've come of age (MP569). Denton, Texas 76203: author, n.d. (Color, rental, 16mm, 12 min).

FILMSTRIP

45 Gerontological Film Collection, North Texas State University Main Library. *Perspective on aging: Implications for teaching*. Denton, Texas 76203: author, n.d. (Color, rental, record/script, 15 min).

RECORDS

46 Simon, P., & Garfunkle, A. *Bookends*. 51 West 52nd Street, New York, New York: Columbia, CBS, Inc., 1968.

VIDEOTAPES

47 *Age relation sensory losses: An emphatic approach*.

INDEPENDENCE: THE PLEA OF THE ELDERLY

One of the major themes that surfaced at the 1971 White House Conference on Aging was that older persons want services that support their ability to remain independent. Whenever you ask groups of elderly persons what they fear most about aging, being dependent is listed frequently. The Home Helper's vocation has been developed as a way to help older persons achieve the goal of independence.

But what is independence? Exactly what is meant when one says one is to foster independence on the part of the elderly? These questions do not have only one answer. There are many different kinds of independence including independence of mobility. There is the type of independence that comes from having one's own place. There is independence of thought and the ability to make one's own decisions. But in all of these different kinds of independence the important factor is how a particular person feels. At heart, independence is more a feeling than a fact. Because of this, one can have two different people in similar situations and one can feel too dependent while the other person does not feel any loss of independence at all. For example, one person can cheerfully accept the need for the use of a cane after a stroke has left him partially lame while another person feels that to use a cane is to be a cripple and dependent and therefore, struggles along without it. Or one person can accept the economic need to sell his own house and live with one of his children while another person would feel an extreme loss of independence by living with a child's family and prefers to take a small room in a rundown boarding house where other elderly persons live. Or one person who can no longer drive a car feels no loss of independence when she must call upon neighbors and relatives to take her places and must therefore, make her schedule fit with theirs. Another person in the same situation might resent the need to rely on someone else to take him places and prefers to walk or take a bus or just not go so that he can still feel independent.

The Home Helper will need to discover just what each individual client considers as being independent, being dependent, and try to find the line beyond which the client will refuse to accept further help. Then the goal of the Home Helper is to help each client achieve the type of independence he/she wants and needs.

THE FAT LADY

C. L. Wheeler

The fat lady
sits, dead weight
upon the chair,
oozing off the sides
here and there.

The fan whirs,
a fly drones
nearby
children play
as the fat lady
rocks
to and fro
so slowly
one wonders if
she rocks at all.

The radio blares
on and on
as news follows
music follows
advertisements and
the story that comes
same time, same station
to bring its bit of
cheering tragedy
each day.

The fat lady
sitting
in the chair
on the porch
just barely rocking
listens
to the radio
each day
without fail
  whether the children play
  or the fan is needed
  or the fly goes away.

The fat lady
is dying
a little
each day
as she sits
to listen and rock
to the radio.

The fat lady is dying
but she is not sad
as she sits and listens
each day
  no matter the fly
  or the fan
  or the children--
  who sometimes taunt the fat.

The fat lady sits,
listens and knows
the news
the music
the advertisements
the story
all come
over the waves
out of the magic box
for her.

The fat lady
is happy.

(Seymore told Zooie to polish
his shoes before the show
for the fat lady, and Zooie
told Franny to act for the
fat lady; and that is how
I first learned of the fat
lady).

"The Fat Lady," by C. L. Wheeler (Reprinted with permission).

From: THE STONE ARBOR AND OTHER STORIES

"Summer in the Mountains"

Roger Angell

". . . and they would come in looking excited and happy, and Larry would offer her a drink, which she would refuse, and then it would be time for her to leave and go back to the barren hotel apartment, with the uncomfortable bed, and the furniture that was not hers, and the steam heat that killed every plant she bought, and the silent telephone, and the strange voices in the hall late at night - all the ugly and frightening familiarities that had somehow become the place where she lived. There were a few of her possessions left there - the set of Thackeray of her husband's, and the Spode teacups, which she had to keep on the mantelpiece - but they no longer seemed like her own. Sitting there by herself in the evenings after she had turned off the loud, confusing television, she often studied these treasures of hers and tried to remember how they had looked back in her own apartment, the one she had shared with Meg - where in the bookcase the set of Thackeray had stood and how the cups had looked among the other familiar china on the shelves in the dining room. But she could no longer remember. When her furniture had gone (Meg had pointed out that it would be foolish and expensive to keep up her old place or to store all her books and pictures and furniture), her remaining treasures had somehow lost their identity. Out of place and without companions, they had become exactly the same as everything else in her bare rooms - somebody else's belongings, which she was now expected to live with for a time."

"The Stone Arbor and Other Stories," by Roger Angell. (Reprinted with permission, Copyright 1949 by Little, Brown and Company.)

WARM-UP EXERCISE 5

Purpose:

To increase the participants' ability to distinguish individual and common interests, and relate this to individual/common interests among Older Americans and their caregivers.

Materials:

Newsprint, magic markers, large paper bag;

Alternative (a) one lemon for each participant, water, sugar, a pitcher and glasses;

Alternative (b) one apple for each participant, cinnamon, sugar, blender, hot plate, sauce pan, wooden spoon, small dishes, and spoons.

Time:

Approximately an hour and a half.

Each participant, including teacher, receives a lemon (or apple). Five minutes are allowed for everyone to become familiar with his/her lemon (or apple), to study its particular characteristics (shape, coloring, scars, etc.), to try to think of a name for it, to imagine something of its "life history." (Part of the time might be spent in touching the lemon or apple with eyes closed).

When five minutes have elapsed, everyone, starting with the teacher, will introduce his/her lemon (apple) to the group as creatively as possible. After the introductions, the teacher will collect all the fruit in a paper bag and then dump them out in a pile. Each participant must then try to select his/her own lemon (apple) from the pile. (Everyone will probably be surprised to discover how simple this task will be).

The teacher leads a discussion on the experience, noting on newsprint the main points. Point out analogy that both a group of lemons (apples) and a group of people contains individual, as well as common features. Make two charts on newsprint on which (1) individual and common interests of aging and (2) individual and common interests of Older Americans and their caregivers can be listed.

When the lists are complete, the group should discuss ways Home Helpers to the elderly can utilize knowledge of the uniqueness of individuals to develop the following: (1) a good relationship between a Home Helper and her client, and (2) a good social and recreational program for a client.

VALUE CLARIFICATION

Our society is in flux in almost every aspect of its life. Our beliefs, attitudes and values have been called into question by all of the events of the 20th century. The rapid advancement of our technology, the increase in the general literacy of our population, the rise of the gross national product, the civil rights and women's liberation movements, the ambiguities of the three major wars, the exploration of space, and the energy and ecology crises have all raised questions about many things once thought basic and unquestionable. Our beliefs about work, retirement, leisure, and education are being reexamined in light of the many changes.

As you teach the objectives for competencies 1-4 in this module it will be important to utilize value clarification techniques to help each learner become more aware of her own value system as it relates to the issues of work, social and recreational activities, and education. As a learner seeks to clarify her own attitudes and biases about these issues, she may well find areas of uncertainty in her value system. Because of the general flux of our society at this time, this is not unusual. The more a learner understands his own value system, and his own current uncertainties, the easier it is for him to accept and respect a value system that differs from his own.

The films available for use with this module reflect definite value systems regarding the role of work, retirement, leisure time activities and political involvement for the elderly today. It is important that the learning of Modules III and IV regarding the many differences within any group of elderly people be applied in the discussions in this module. The film suggestions for activities will be right for many elderly clients a Home Helper might have, but for many others those particular suggestions will neither fit their needs nor their value systems. Learners will need to apply the basic human relations and communication skills as they seek to discover just what social, recreational or educational activities each client needs and how those needs can best be met.

For some clients, traditional senior services will best meet these client needs. For others, the Home Helper may meet the particular needs of an individual client by seeking out such places as the Audubon Society, the Red Cross, a little theater group, a gardening club, a model airplane club, or even a fishing hole. Whatever activities a Home Helper helps a client participate in, the key to the success of those activities will be their unique appropriateness to the needs and values of the client.

Module V
Appendix B
Strategies 4.1
4.7

PERSONAL CARE OBSERVATIONS

While one is working with a client, one needs to be the eyes and ears of the other members of the helping professions' team to catch signs of physical or emotional problems as early as possible. The Home Helper should always be alert to any changes in behavior patterns in his client. In addition, if the client needs help with bathing, dental care, etc., the Home Helper should utilize these times to be particularly alert to signs of possible illness or change in general wellbeing and be able to give an accurate description of his observation to the appropriate professional.

The following is a guide for key observations that can be made while helping provide personal care for a client. There are two kinds of observations. They are:

A. Objective observations--signs that you can see or changes that are occurring (outward, physical).
   1. Face -- dull, indifferent, anxious, fatigue (tiredness), void of expression.
   2. Eyes -- Movement of eyeballs; sunken, protruding; secretions and discharge; puffiness, dark circles.
   3. Eyelids -- red, swollen, heavy or drooping.
   4. Pupils -- dilated, contracted; unequal.
   5. Nose -- absence of smell; discharge, sores.
   6. Mouth -- lips pale, blue; dryness; cracked open sores; trembling, twitching.
   7. Breath -- hot and feverish; sour; foul odor of alcohol or drugs.
   8. Tongue -- moist, clean, normal in color; dry, pale, coated.
   9. Posture -- steady, erect; firm and steady on feet.
   10. Bones -- prominent or well padded.
   11. Muscles -- firm or flabby; skin loose, wrinkled and in folds or smooth, firm or tense.
   12. Position of patient -- difficulty in turning; only on one side; knees drawn up.
   13. Condition of abdomen -- soft, relaxed, tender to touch, enlarged.
   14. Extremities -- hands emaciated or fat; stretched with edema; hot, cold, moist, dry; pale or flushed.
   15. Fingers -- clubbed; restless, trembling or picking at clothes, inactive.
   16. Nails -- hard, brittle, pale, cyanotic.
   17. Legs and feet -- position and movement; difficulty in walking; shuffling or dragging; loss of motion.
   18. Joints -- enlarged, swollen, tender, distorted or out of place.
   19. Circulation -- edema, discoloration, varicose.
   20. Skin -- itching, scratching, abrasions, sores, wounds, scars, rashes, edema, tenseness or cracking, temperature and moisture, sweating if localized or profuse. Abnormal color of skin - grayish, yellowish, bluish or redness, skin tender over buttocks as over prominent bones or between folds of skin.
   21. Body excretions -- any vaginal discharge or any lack of control of bowel and bladder.
   22. Loss of function of any special senses.

23. General condition -- gaining or losing strength; feels like doing things for himself; too weak and listless to make effort; eating well - appetite increase or decrease.

24. Try to determine whether he enjoys visitors, conversation, reading or whether he is easily tired; watch sleep patterns, light or deep, interrupted, long-lasting, etc. Objective symptoms are usually accompanied by subjective symptoms or expressions.

B. Subjective symptoms--sensation, feelings or emotions expressed by the patient.
   1. Description of pain -- sharp, dull, constant, at intervals, etc.
   2. Sensations such as hot, cold, shivering, tingling, prickling, color, odor, touch, pressure, hunger, thirst, appetite, etc.
   3. Feelings or emotions such as fear, anxiety, worry, distrust, happiness, faintness, dizziness, spots before the eyes, etc.

Using all the above ideas as a reference, develop with a nurse a personal care checklist most appropriate to the needs of your particular group of learners.

MODIFICATION OF THE AGING PROCESS

In recent years, the result of research into the "aging process" has been to raise more questions than to give answers. Many things which were felt to be the inevitable result of the "aging process" cannot be proved to be inevitable or a part of an aging "process". It has been found that good nutrition, regular minimal exercise, regular preventative health care, and participation in activities that are meaningful to the person participating in them have provided many people with a high quality life from their middle years up to the point of death, at whatever age death happens to occur.

The objective therefore, of planning social, recreational, work or educational activities that tend to "modify" the physical, socioeconomic and psychological changes most often related to aging is not to try and prolong a client's life, but rather to enhance the quality of life at any age.

If a Home Helper has been hired, one can assume that there is some type of problem that requires someone who can help. Therefore for whatever reason, the elderly client's quality of life is not as high as it might be. If the problem relates to some of the typical physical problems that result from a person going from a very active life before retirement to a very inactive one after retirement, a Home Helper can find one or two social, work, educational or recreational interests of the client that involve physical activity. This increase in physical activity, if continued on a fairly regular basis, will help strength return to muscles, joints to lose their stiffness, and overall sense of physical well-being, thereby modifying some of the physical problems of the older persons. Social isolation is a problem many older people must deal with because old friends die or move away. The isolation is not inevitably a part of the aging process and with help, a person of any age can be helped to make new friends. For example, a client might be one who would be considered to be "isolated" socially. This might be because his wife, who had always planned most of their social life, died and he doesn't really know how to go about making new friends. Nor does he know how to encourage his one or two old friends who are still alive to come over. The Home Helper could "modify" the client's isolation by offering to fix coffee for his friends to come over and play cards once a week. Or the Home Helper might discover that the client has an interest in building and flying model planes and there is a model plane club with members of all ages that he can participate in regularly.

As you teach these objectives, it is important to help the learners understand that they will really be helping to "modify" the lifestyle of the client rather than retarding the aging process or postponing death. The improved quality of life enjoyed by the client who has adequate nutrition, and who is actively involved in life in a way that fits his particular needs, interests and values, results in his having an overall sense of wellbeing. Because of the age biases in our society, this sense of wellbeing is often referred to as "feeling young" rather than just feeling good about oneself and one's life appropriate to one's age, be it 6, 60 or 96.

AUDIO VISUAL DISCUSSION GUIDE

Title: The Priory method. Color 20 min. 16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. (#MP604).

Sound and Photography: Soundtrack clear; photography good quality "home movies."

Synopsis: Tells the story of how a full-range of Reality Orientation techniques were put to use in a Catholic Priory Hospital with elderly patients to provide a restorative, restful milieu. It dramatically illustrates the recovery of the patients' minds and bodies from an almost semi-vegetable state to active, alert participation in the life of the hospital and eventually the community as a whole. It also illustrates all the facets of a total milieu approach to rehabilitation in facilities for the aged. It shows the full range of the physical, emotional and social disabilities that are associated with aging.

Recommendations for Use:

Preview by discussion leader helpful. Very rich film to which one can be referred throughout the course. It can be shown in sections, discussing each section before going onto the next one. The film can be used to illustrate severe disabilities that can be associated with the aging process and facilitate both learner recognition of these disabilities, their emotional reactions to them and how many can be modified by the attitudes and techniques used by the persons working with the elderly. Can be used to facilitate discussion of the full-range of interrelated factors that need to be recognized to produce an effective restorative program.

Recommendations for Additional Use:

The film can be used in discussions concerning basic communication skills, respect, touching and cherishing. Can be used in a discussion of values, the role of "work" in the elderly person's life, the relationship of the elderly and the community, the psychological aspects of aging. Can also be used in relation to discussions of mobility and appropriate physical exercise for the elderly.

Suggested Discussion Questions:

1. What philosophy of care reduces the physical, emotional and social deterioration of the elderly?

2. What is the basic philosophy of the Priory Method? What value did they place on pride and self-esteem when developing their program?

3. What type of work and arts and crafts opportunities did they feel were important to the program?

4. How did they develop their exercise program? How has it integrated into the total program? Give some examples of exercise with a purpose.

5. What role was played by each of the following:

   a) gardening
   b) pets
   c) hobbies and individual interests of patients
   d) volunteer groups
   e) children and other young people
   f) parade
   g) uniforms of staff
   h) operation wheelchair

AUDIO VISUAL DISCUSSION GUIDE

Title: The art of age. Color 27 min. 16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. (rental film #MP641)

Sound and Photography: Sound track is clear; photography good.

Synopsis: Tells the stories of four elderly persons who are retired and all have a positive view of their lives. There are two men and two women who have a wide range of interests and different ways of being involved with life, though basically from a middle-class perspective. Film comes with some suggested discussion questions. Movie ends with flashes of the hands of each, the face of each and the hands of the artist around a sculpture of a mother and child.

Recommendations for Use: Previewing by discussion leader helpful, but not necessary. Use to facilitate a discussion of individual differences and value clarification. This could be used alone or in conjunction with Nell and Fred, Making retirement count and Raisin wine.

Recommendations for Additional Use:

This film can be used also in Module V in facilitating a discussion of the different options open to people after retirement.

Suggested Discussion Questions:

1. Immediately at end of film ask each learner to write down a) how she felt about closing sequences, and b) what he thinks the artist's hands around the mother-child statue symbolizes? Save and close discussion with these questions.
2. What did you feel about each of the four people presented in the film? Did you want to be like any of them when you retire? Why or why not?
3. How were they alike? How were they different?
4. Do you think they are typical elderly persons or extraordinary? Why?
5. Do you think their philosophies of retirement are real possibilities for the elderly poor? Why or why not?

AUDIO VISUAL DISCUSSION GUIDE

Title: Don't stop the music. Color 20 min. 16 mm.

Source: Geronotological Film Collection. North Texas State University Main Library, Denton, Texas 76203. #MP 594.

Sound and Photography: Sound clear overall. Photography good.

Synopsis: Dispels the myth that older people are incapable of activity and examines the ways communities can help. Older Americans speak for themselves and show their capacity for enjoyment, productivity, and an active life.

Recommendations for Use:

Preview by discussion leader helpful. Use to facilitate discussion of social and political concerns of elderly after retirement. Also good in showing community resources that can be used to meet some of the needs of the elderly. Film can help facilitate discussion of values in relation to these issues.

Suggested Discussion Questions:

1. Who are the "wheelchair dissenters?
2. How did you feel about the people shown:
    - riding bikes
    - sitting on a park bench
    - playing in band
    - working at crafts in shop?
    - working with children?
3. What are the barriers to living as you want after retirement? What is needed to enable more older people to have fuller lives?
4. What has caused the distorted view of aging?
5. What is the role of older persons in politics? What are the grey panthers?
6. What kind of values were presented in this film? Do you agree with them? Why or why not?
7. What did you learn from this film that can help you on the job as a Home Helper? As a person?

AUDIO VISUAL DISCUSSION GUIDE

Title: We've come of age. Color 12 min. 16 mm film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. #MP569.

Sound and Photography: Soundtrack clear; photography good.

Synopsis: Begins with one man on a platform talking to an empty park. Gradually people begin to gather as he talks about the present generation of elders in the U.S. He talks about what they did as younger adults and gives information on who they are now. Talks about how, by joining together in organizations, they can work for things they need (e.g., medicine) as well as have fun together. Good pictures of faces and good use of old newsreel clips in juxtaposition with speech.

Recommendations for Use:

Preview by discussion leader helpful, but not essential. Use to facilitate a discussion of how some of current elderly feel about their rights and how they engage in political activity to ensure those rights. Film also gives a review of some of basic information about elderly population today covered in Module III. Gives information on one of the major national organizations for the aging so can be used in lieu of a speaker from an organization for the aging in your community if you do not have any available. Film can help facilitate a discussion of values in relation to these issues.

Suggested Discussion Questions:

1. How did you feel at beginning of film? at the end?
2. What did the elderly do when younger? What did they earn by doing this? Do you agree? Why or why not?
3. What do you think the speaker means when he says, "We are a nation of elders?
4. How is the situation of the elderly in U.S. different from that of the elderly in other countries? How can the elderly change the situation here?
5. Do you think most elderly people agree with the message of this film? Why or why not? If not, do you think they should agree? Why or why not?
6. What did you as a Home Helper learn from this film that could be helpful to you on the job? as a person?

AUDIO VISUAL DISCUSSION GUIDE

Title: Aging and independence. Black/White 15 min. 16 mm. film

Source: Made by Cornell University and New York State College of Home Economics for American Association of Retired Persons, 215 Long Beach Blvd., Long Beach, California 90801

Sound and Photography: Sound clear; photography average.

Synopsis: Gives good statistics and information on aging and income after retirement. Touches on economics, social, and emotional problems, especially in relation to housing as well as needs for independence and community services.

Recommendations for Use:

Preview by leader helpful. Could be shown in totality and discussed or could show a section at a time, discussing each section before proceeding to next. Gives information about the economic realities of aging and retirement and how these impact upon other aspects of aging. Facilitates a discussion of governmental priorities and values.

Recommendations for Additional Use:

Could be used by individual learners or small groups of learners whose reading skills are limited to acquire some of the basic knowledge about the aging process needed to function effectively as Home Helpers.

Suggested Discussion Questions:

1. What are the major social and emotional problems faced by most elderly persons?
2. What are the undesirable features of much of the housing provided for the elderly in the U.S.? Whose housing needs are least being met in the U.S. today?
3. What is the approach to housing for the elderly by the European countries referred to in the film?
4. What is a social cluster? What are its benefits?
5. What are the community services now available to the elderly in some cities? What services are still needed?
6. What does this film suggest should be the goal of services to the elderly?

AUDIO VISUAL DISCUSSION GUIDE

Title: Trigger films. Color 14 min. 16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. (#MP560).

Sound and Photography: Clear sound track; excellent photography. Good cinematography techniques used to enhance emotional impact of each segment.

Synopsis: Five very short films, each complete in itself. Each deals primarily with one particular issue in aging--economics, employment, service centers, nutrition and independence.

Recommendations for Use:

Preview by discussion leader important. For best discussion of issues raised, show one segment, stop, discuss it and show another segment later when appropriate. Because film is so short, it is easy to utilize this way. For strongest emotional impact, show all the way through delaying discussion until the end. Can combine two methods doing either way first.

Can be utilized by an individual learner, but films beg for discussion and illicit a lot of feelings so teacher needs to be available to discuss film with learner.

Recommendations for Additional Use:

Refer back to film throughout course. Shows communiation skills (or their lack), non-verbal communication, nutrition-related concerns, legal/ethical concerns, etc.

Suggested Discussion Questions:

A. Film One: To market, to market . . . shows an old woman doing her grocery shopping.

1. How did you feel when

   the woman was checking the heads of lettuce?

   when the camera focused on her gloved hand?

   when she pulled off one banana?

when the young woman bumped into her at the next counter?

when she held out her money and food stamps?

when the checker called out?

2. How do you think the old woman felt about her shopping? About using food stamps?

3. What messages did the other people in the store give the old woman?

4. How do you feel about people who use food stamps: Would you use food stamps if you needed to? Why or why not?

5. Is there anyway shopping with food stamps could one make more humane?

B. Film Two: Mrs. P. . . . story of woman working with children about to be fired because of physical limitations.

1. How did you feel listening to Mrs. P. talk about her job knowing she was about to be fired?

2. Do you think the young woman really knew Mrs. P.?

3. Other than economic, what role did work play in Mrs. P.'s life?

4. What effect do you think the firing would have on Mrs. P.'s life? How do you think she will react to being fired? Why?

5. If you had been her employer, would you have fired her? What could have been done to compensate for her problems so that she could keep on working?

C. Film Three: The center. A senior group playing cards in a church close to where a youth group is meeting.

1. What was your first reaction to the card players? the loud music?

the boy looking in the door?

the faces of the elderly when they noticed the door open?

the girls putting on makeup?

the woman who looked into the bathroom?

2. What was the message the elderly and the young people were giving to each other?

AUDIO VISUAL DISCUSSION GUIDE

Title: May your years be long in this beautiful place. Black/White
30 min. 16 mm. film

Source: American Association of Retired Persons, 215 Long Beach Blvd., Long Beach, California, 90801

Sound and Photography: Both good.

Synopsis: Film takes primarily a sociological view of aging as it relates to housing needs. Also discusses some of physical needs of elderly that relate to housing needs. Discusses roles of federal and state governments in meeting housing needs. Suggests some alternatives and raises the right questions. Emphasis throughout film is on individual differences.

Recommendations for Use:

Can be used to present information on some of the social aspects of aging, especially as they relate to housing problems and needs. Also can be used to facilitate discussion of the importance of recognizing and respecting individual differences in the elderly when trying to plan for their needs. They can be used as a tool to facilitate a discussion on how one can help an elderly person (and his family) evaluate needs when making a decision about housing/retirement.

Suggested Discussion Questions:

1. According to the film, how are the elderly alike? How are they different? Do the differences reflect age variables or social backgrounds more?
2. What are some of the physical problems of the aging process that affect housing needs? Should adaptations of housing or other environments to meet these needs be obvious? Why?
3. What is the difference between grouping and isolating in housing? Is one right for most elderly people? Why or why not?
4. What, according to this film, determines what type of person you are as an old person? Do you agree? Why or why not?
5. According to this film, how do people find meaning and satisfaction in their life? Are older people more or less interested than middle-aged in doing something of social significance? What is a meaningful contribution in the film? In your value system? Why?

6. What are the functions of a senior center?

7. What is the role of federal government, or state governments and other groups in developing housing for the elderly?

8. What are congregate living facilities? What do they provide? Do you think you would want to live in one? Why? Would a person living in one ever have need of a Home Helper? Why or why not?

9. According to the film, what are two major fears of the elderly? of the elderly's children? Does this agree with what you have learned about aging thus far? Why or why not?

AUDIO VISUAL DISCUSSION GUIDE

Title: Step aside, step down. Color 20 min. 16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. #MP524

Sound and Photography: Both very good

Synopsis: Tells about the social, emotional and financial impact of retirement on many elderly people. Shows a variety of programs for the elderly in different communities. Some working, some with problems. Brings in concerns for Oriental and Native American elderly. Film raises questions and suggests possible solutions.

Recommendations for Use:

Preview by discussion leader helpful. Use to raise some questions regarding retirement, work and work substitutes for the elderly. Good for use with individual learner. Film also can facilitate discussion of values in relation to these issues.

Suggested Discussion Questions:

1. What does the title of the film mean? For whom are the golden years golden?
2. What is the emotional impact of retirement on many elderly as presented in this film? Social impact?
3. What are some of special problems of Oriental and Native American elderly? What has been done in some places to try and meet these needs?
4. What is an advocacy program? What would keep some elderly from needing housing or food programs?
5. What can an average American community do to help the elderly?
6. Do you agree with the theme of this film? Why or why not? Do you think there are some people who want to retire? If retirement funds were larger, would retired elderly have as many problems as they do now? Which do you think would cost less in the long run: increased retirement income for the elderly so they can buy needed services and goods or increased programs to provide "free" services?
7. Should all people be required to work as long as they can physically? What type jobs are not covered by mandatory retirement laws or regulations? Which are?

8. What did you learn from this film that can help you on the job as a Home Helper? as a person?

AUDIO VISUAL DISCUSSION GUIDE

Title: Raisin wine. Color 15 min. 16 mm. film

Source: American Association of Retired Persons, 215 Long Beach Blvd.,
Long Beach, California 90801

Sound and Photography: Clear sound track; good photography

Synopsis: Personal story of Harry Oliver, retired widower in mid-seventies. Tells of his feelings about retirement, leisure, loneliness, etc.

Recommendations for Use:

Preview helpful to discussion leader but not essential.
Show as a basis for discussion about the following:

a) emotional impact of retirement on an elderly man;

b) types of activities an elderly man found meaningful after retirement;

c) what is loneliness; what is independent living?

Recommendations For Use:

Good film portrait of an Older American. Could be used along with Nell & Fred, The string bean, The art of age, and Making retirement count, to facilitate learner discussion of differences among the elderly in their approach to old age/retirement due to differences of values, economic status, cultural heritage, personalities, etc.

Could be used by an individual learner in lieu of written profile or direct contact with Older American resource person as base for working up individualized social-recreational plans, menus, Home Helper/Client Agreement, etc.

Suggested Discussion Questions:

1. How did you feel at the end of the film?

2. How would you describe Harry Oliver? What facts did you learn about him?

3. What role did his past play in his present life?

4. How did he view retirement? Leisure? Loneliness?

5. What values shaped his views?

AUDIO VISUAL DISCUSSION GUIDE

Title: The string bean. Black/White with color 17 min. 16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. (#MP652).

Sound and Photography: Bot excellent; high quality film with excellent cinematography techniques utilized.

Synopsis: Story of an old woman living alone in an apartment in Paris who sews in her apartment to make money. Story focuses on her finding a discarded flower pot with a dead plant, taking it home, planting some beans in the pot and tending them as they grow.

Recommendations for Use:

Preview essential for discussion leader. Use to set the stage for the learning in the area of communication and human relations skills. Do not turn on lights and begin discussion immediately; instead allow a time for silence in the dark at the end of the film.

Recommendations for Additional Use:

Nell & Fred, The art of age, and Making retirement count could be used in conjunction with Raisin wine, to facilitate learner discussion of differences of values, economic status, cultural heritage, etc.

Suggested Discussion Questions:

1. How did the film make you feel? about aging? about yourself?
2. How did you feel about the woman in the film when: the film started? She first had to go out into the hall to get her water? When she locked up her room to go outside? As she was going down, and later up, the stairs? She picked up the discarded plant? She planted seed and tended the plant? She took the plant to the park and planted it there? She has the plant discarded? She picked the beans? At the end of the film?
3. What meaning for you did the color section of the film have?
4. What do you think the rain at the end of the film symbolized?
5. No words were spoken in the film - how did it communicate? How did you listen? What did the woman's room, clothes, face and hands tell you about her?
6. Do you think the woman had a meaningful life? Would money have made it any more meaningful?

7. If you are comparing her to the lady with arthritis in The art of age, which one's life do you think is more meaningful? Why? What is the value system of each?

8. Could you be happy as the woman in this film? Why? or why not?

AUDIO VISUAL DISCUSSION GUIDE

Title: Perspective on aging: Implications for teaching. Color with record and script. 15 min. Filmstrip

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203

Sound and Photography: Record clear; pictures good and synchronated well with sound.

Synopsis: Examines the physical changes that accompany aging and the manner in which the body systems and functions are affected by them. Designed primarily for health care personnel so contains some technical terminology, but is generally good about defining and explaining terms used.

Recommendations for Use:

Preview helpful, but not essential. Because a filmstrip can so easily be backed up and sections reshown, it is particularly good for use with an individual learner who is working on her own or for learners with reading limitations. Presented in sections. Could stop and discuss each.

Suggested Discussion Questions:

1. What are the reasons that have been given for why older people can't learn? Are they true?
2. What factors do affect the way an older person learns? How do they affect the learning process?
3. How can someone adapt to the physical changes to enable an older person to learn?
4. What is presbyopia? What else affects ability to read? What can be done to accommodate these changes?
5. What is presbycusis? What can be done to accommodate these changes? Why do some people refuse to wear hearing aids?
6. What is dysarthria? What can be done to accommodate these changes?
7. What is the work ethic? What is its affect on someone who retires?
8. What other sociological factors affect reading and learning in elderly people?

AUDIO VISUAL DISCUSSION GUIDE

Title: The homebound aged. Black/White 30 min. 16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. #MP516.

Sound and Photography: Sound clear, verbal with a few fade out spots in narration. Photography good.

Synopsis: Presented as Lesson 4 in a series of Nurse Training films. Refers back to Lessons 1-3 which makes start of film a little unclear. Film outlines the special problems of the old patient who is homebound. Also discusses the principles involved in teaching health care to the older person and emphasizes the role of the nurse in planning and developing home care services for the aged. Film contains technical terminology, but does a good job of defining most of the terms used.

Recommendations for Use:

Preview by discussion leader important. Would be helpful to prepare a glossary of terms from your preview to give the learners before film is shown. Good to show basis of health and sanitation in personal care of the elderly at home. Also can help learners discuss their feelings about an ill person whose illness causes a part of the body to look unpleasant.

Suggested Discussion Questions:

1. What are some of basic problems/needs of an elderly patient in home care?
2. What were needs of patient shown: Mrs. Calihan? How does she manage to live in her own apartment despite her health problems?
3. Is there anything else Mrs. Calihan needs? What do the people helping her need to keep in mind?
4. How did you feel looking at her legs?
5. How did you feel as you listened to her talk about herself? If you had all of the problems she did, do you think you would be doing as well?
6. What happened when Mrs. Calihan went into the hospital? Came home from hospital?
7. How did you feel about the nurse's attitude toward the elderly?

8. What did you learn about skin care? Foot and toenail care?

9. Could a Home Helper have been of assistance to Mrs. Calihan? Why or why not?

10. What did you learn that will help you on the job as a Home Helper? As a person?

Module V
Appendix B
Strategy 2.1.1
2.2.2
2.3.1
3.1.1

AUDIO VISUAL DISCUSSION GUIDE

Title: Tell me where to turn. Color 30 min. 16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. #MP441.

Sound and Photography: Both good.

Synopsis: Shows several different people with different types of problems who need help from a variety of community agencies. Shows how sometimes people with needs and agencies with services have difficulty getting together and the role an information and referral agency can play in getting the two together.

Recommendations for Use:

Preview by discussion leader helpful. Use to show different types of community agencies that are available. How they help meet human service needs and some typical problems in getting services to those who need them.

Suggested Discussion Questions:

1. Who is behind the faces, windows, wall?
2. What is causing some of problems of people in our society today?
3. What are some of the agencies available in many communities to help meet human needs. What are some of the barriers that keep people who need help from the agencies that provide help?
4. How can an information and referral service help? How could a Home Helper best use an information and referral service? In what ways is a Home Helper similar to an information and referral service?

VI NUTRITION AND FOOD HANDLING FOR THE AGING SERVICES

COMPETENCIES AND OBJECTIVES

The learners will be able to:	The learners will:
1. Plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.	1.1 Recognize good food choices and dietary habits directly related to the aging.
	1.2 Plan well-balanced, attractive meals for the elderly in a home care situation, taking into consideration cultural and personal preferences/needs.
	1.3 Demonstrate the selection and storage of food needed to provide meals for the aging in home care.
	1.4 Demonstrate the preparation of meals and cleaning up after meals for the aging in home care.
	1.5 Demonstrate feeding techniques that encourage eating.

CONTENTS FOR: VI NUTRITION AND FOOD HANDLING FOR AGING SERVICES

Page

COMPETENCIES AND OBJECTIVES VI-2

CONTENTS FOR NUTRITION AND FOOD HANDLING FOR AGING SERVICES VI-3

DIRECTIONS TO THE TEACHER VI-5

Orientation to Module VI VI-5
Evaluation of Module VI VI-6

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES VI-11

REFERENCES VI-27

Books VI-27
Periodicals VI-27
Pamphlets VI-29

RESOURCES VI-31

Filmstrips VI-31

APPENDIX A: LEARNER INFORMATION SHEETS

The Basic Four Food Groups VI-A1
Dietary Evaluation VI-A2
Factors Affecting Appetite VI-A3
Food Facts VI-A4
About the Elderly and Their Nutrition VI-A5
Danger Signals of Poor Nutrition Among the Aged VI-A6
Ten Guides to Menu Planning VI-A7
Questions to Consider in Meal Planning for the Elderly VI-A8
Tips for Economical Selection VI-A9
Sample Menus VI-A10
Sample Recipes VI-A12
Snack Recipes VI-A17
Skillet Recipes VI-A19
Fact Sheet of Nutrition Labeling VI-A20
Storage Points VI-A21
Check Sheet on Sanitation Procedures VI-A22
Check Sheet on Cooking Hazards VI-A24
Food Service Techniques VI-A25
Suggestions for Feeding the Elderly VI-A26

APPENDIX B: TEACHER INFORMATION SHEETS

Imagination Trip VI-B1
Nutrition Information Sources VI-B2
Reference Journals for Special Dietary Problems VI-B3
Recommended Daily Dietary Allowance VI-B4
Guidelines for Special Dietary Needs VI-B5
Low Calorie or Weight Reduction Diet VI-B6
Lack of Complete Kitchen Facilities Among the Elderly: 1970 . . . . . . VI-B8

VI NUTRITION AND FOOD HANDLING FOR THE AGING SERVICES

DIRECTIONS TO THE TEACHER

This module emphasizes meal planning for the elderly, feeding the elderly and selection, preparation, and storage of food. Food preparation is minimized as most learners will have basic skills. However, the instructor needs to validate food preparation skills as part of this competency cluster.

The textbook references in Appendix B will prove valuable for lecture and discussion material. Periodical references offer great insight into the special nutrition problems of the elderly and the social aspects of dealing with this group. A wealth of information in the form of pamphlets is available. Therefore, various manufacturers, organizations, and governmental agencies which publish nutrition information are furnished in Appendix B. You will probably have many of the materials on hand. Many of these are free of charge while others require a small fee. It will be beneficial to the students to have individual copies of many of the handouts for their own files and reference.

Learning of previous modules should be reemphasized where appropriate. To give an example, value clarification on respect for individual and cultural differences in relation to menu planning to help learners keep from imposing their own food preferences on clients. Problem-solving and decision-making skills can be applied to menu planning, shopping for food, and food preparation scheduling. Supporting independence on the part of the aging client is, of course, a central concern in this area as in all areas of the Home Helper's job.

ORIENTATION TO MODULE VI

Purpose:
1. To set the mood for the learning of this module.
2. To enable learners and teacher to experience some of the feelings a person might have who is on a restricted diet due to a limited income in the midst of a culture of plenty.

Setting the Stage:

Before the class meeting procure (or make) one of the posters that says: "You Are What You Eat," as well as a poster of the basic four food groups.

At the close of the class session before this one briefly explain to learners the basic idea of an imagination trip. Tell them they will begin the next session with two such trips. When they arrive, they are to come in, sit quietly in their chairs and wait for the trip to begin.

Note: If the curriculum is being team-taught teacher for this module needs to talk with other teachers on the team to get to know the background of each learner and what has been taught thus far.

While waiting, they are to do some of the individual stress-reducing exercises learned in Module IV-B9 or whatever helps them to get as relaxed as possible.

If at all possible, prior to class meeting make one tape of soft background noises at a fine restaurant and one tape of home kitchen noises. (For example, dripping faucet, pots and pans clattering, chairs scraping on floor, etc.).

Put chairs in a circle with enough room between chairs so that each person will be dimly aware of presence of people on either side, but will not feel crowded nor touch.

Materials Needed:

Posters, audio tapes of background sounds, if possible.

Procedures:

The teacher will

have the learners sit in a circle as they arrive and relax until all are present. Ask everyone to close their eyes. Then lead them on an Imagination Trip though a scrumptious five-course dinner. See Appendix B 1 for how to take an Imagination Trip, and sit in silence for a minute or two. Ask learners to keep their eyes closed. Take them on another Imagination Trip through several days' meals (very drab) for an elderly couple who must eat on $5.00 a week. When the trip is over, lead a discussion of how they felt at the end of the first trip, as the second trip began, and at the end of the second trip. Possible questions for discussion:

1) How would TV ads and shows of food make you feel if you were the couple on the trip?

2) How does background affect the enjoyment of a meal?

3) How could a low-budget meal be helped to feel better as well as be nutritious?

Include in the discussion how the insights gained might affect their work as a Home Helper.

Post the objectives of Module VI and go over them with the learners.

EVALUATION OF MODULE VI

Procedures:

The teacher will utilize the check list (VI-9) to validate individual learners' demonstration of competencies.

Administer assessment.

Facilitate a private conference with each learner. Utilizing assessment results, checklist, adapted menus, and observations of learner's performance while working on this module, mutually evaluate learner's performance of, response to, and feelings about this aspect of the Home Helper's job. If a learner has not accomplished all of the objectives of the module, plan with him how he can meet the objective(s) and when another joint evaluation will take place. Write up a summary of the conference to be placed in the learner folder, signed by both teacher and learner that includes the following: Objectives Attained; Objectives Not Attained; Plans for Attainment; any other practical needs and strengths of the learner.

Purposes:

1. To determine if the objectives of Module VI have been met by each learner.

2. To continue the process of enabling each learner to look at herself objectively, set goals for improvement and recognize her own strengths.

Setting the Stage:

Provide a place for private, individual conferences (see suggestions in Module II, Evaluation, p. II-6).

Materials Needed:

Module VI Checklist for Behavioral Evidence of Competency
Post Assessments
Pencils/pens for each learner

Note: If the curriculum is being team-taught, the teacher for the next module needs to be introduced at the beginning of the evaluation process, and to sit in on the conferences to insure continuity.

CHECK LIST FOR BEHAVIORAL EVIDENCE OF COMPETENCY IN FOOD PREPARATION AND CLEAN UP (1.4)

Date Initial

A. Menu Planning

1. Meets guidelines for balanced nutritious attractive meals 1.______________

2. Evidences awareness of special needs for elderly 2.______________

B. Shopping Plan

1. Utilizes wise buying approaches 1.______________

2. Plans for appropriate alternatives 2.______________

3. Comprehensive and specific 3.______________

C. Food Service

1. Appropriate temperature 1.______________

2. Attractive, appetizing 2.______________

3. Sanitary

D. Food Preparation*

1. Protein cookery 1.______________

2. Baked products 2.______________

3. Vegetable cookery 3.______________

4. Salads 4.______________

5. Desserts 5.______________

*Individualize this section in keeping with your resources in the laboratory and your student needs.

COMPETENCY-BASED
TEACHING MODULE

730

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care.	1.1 recognize good food choices and dietary habits directly related to the aging.

SUGGESTED STRATEGIES

The teacher will:

1.1.1 provide learners with handouts on basic four food groups using appendix items and pamphlets from local sources. Review with learners' basic nutritional needs of all ages. Ask learners to utilize the Dietary Evaluation (appendix, p. VI-A2) to keep a record of everything eaten for 24 hours. Compare the results of the learners Dietary Evaluation with the Recommended Daily Allowances (appendix p. VI-B4), and Basic Four Food Groups (appendix p. VI-A1). Utilize this comparison to facilitate a discussion of how the learner's own food/eating habits and attitudes might influence the elderly in their case. Suggest and discuss positive steps to affect good food/eating habits using Food Facts (appendix, p. VI-A4) as well as previous handouts. Have each learner plan improvements in their own dietary habits.

Present learners with information on the special nutritional needs and eating problems often related to aging.

Arrange a field trip to a nursing home at mealtime. Include in the planning:

a. Observation of elderly eating in bed and at tables.
b. Preparation and service of food.
c. Nutritional adequacy of the meal.
d. Actual experience of eating with elderly at the table.
e. Appearance of trays and table settings.
f. Observation of types and quantities of food left uneaten. Note the difference this makes in adequacy of the diet.

Learners should take notes on their observations and attitudes towards the food and service.

REFERENCES AND RESOURCES

BOOKS

9 Normal and therapeutic nutrition, pp. 337-345.

12 Modern nutrition in health and disease, ch. 25.

PERIODICALS

18 Nutritional assessment of the elderly.

20 Clinical manifestations of nutrition.

21 Physiological aspects of aging: **Relationships to nutrition.**

22 Health problems of the elderly.

23 Current Comment. Nutrition and eating problems of the elderly.

26 Nutrition and the aging process.

32 Food, fads, fallacies, and dietary quackery.

33 Nutritional survey of the elderly.

34 Dietary intake of older people.

35 Relationship of age to nutrient requirements.

36 Aging and nutrition.

38 The aging process.

39 Nutrition for older Americans

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care. (Cont'd)	1.1 recognize good food choices and dietary habits directly related to the aging. (Cont'd)

SUGGESTED STRATEGIES

The teacher will:

1.1.1 (Cont'd)

Facilitate a discussion of these experiences at the appropriate time, concerning the nutritional quality, appearance and temperature, and attitudes of the elderly toward the food.

Utilize handouts, About the Elderly and Their Nutrition, (appendix, p. VI-A5), and Danger Signals of Poor Nutrition Among the Aged, (appendix, p. VI-A6).

1.1.2 invite nutritionist who specializes in geriatrics to lecture to the learners on the following:

a. The basic four food groups.
b. Special dietary concerns common to the older American.
c. Eating problems frequently found in older Americans.

Facilitate a discussion between the learners and the nutritionist on special needs/concerns relating to the elderly and nutrition which can be solved through

a. menu planning;
b. table/tray arrangement;
c. other adjustments in eating environment;
d. model of good eating habits they provide the older American in their care.

Arrange to visit the local "Meals-on-Wheels" program. Each learner should be able to go into the home of at least one elderly person. Include in the planning:

a. Observation of elderly eating in bed or at tables.
b. Preparation and service of food.
c. Nutritional adequacy of the meal.

REFERENCES AND RESOURCES

40 Length of life and caloric intake.

41 Nutrition and health of older people.

APPENDIX: Dietary evaluation, p. VI-A2.

APPENDIX: Recommended daily allowances, p. VI-B4.

APPENDIX: Basic four food groups, p. VI-A1.

APPENDIX: Food facts, p. VI-A4.

Same as for 1.1.1, plus Nutritionist

APPENDIX: About the elderly and their nutrition, p. VI-A5.

APPENDIX: Danger signals of poor nutrition among the aged, p. VI-A6.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care. (Cont'd)	1.1 recognize good food choices and dietary habits directly related to the aging. (Cont'd)
	1.2 plan well-balanced, attractive meals for the elderly in a home care situation, taking into consideration cultural and personal preferences/needs.

SUGGESTED STRATEGIES

The teacher will:

1.1.2 (Cont'd)

d. Actual experience of eating with elderly at the table if possible.
e. Appearance of trays and table settings.
f. Observation of types and quantities of food left uneaten. Note the difference this makes in adequacy of the diet.

Learners should take notes on their observations and attitudes toward the food and service. Facilitate a discussion of these experiences, and others from 1.1.1. Summarize, emphasizing importance of learners' own good eating habits as it relates to the job of Home Helper. Provide learners with handouts to support lecture and discussion learning.

1.2.1 present filmstrip/lecture on menu planning. Include economical foods in menu planning. Also give some examples of needs that could be prepared on a hot plate or in an electric skillet, and with a limited water supply. Point out to learners that the elderly who live in rooming houses, hotels in the city and many who live in rural areas do not have a full kitchen available for meal preparation.

Facilitate a discussion/demonstration of proper menu planning for the elderly with food pictures, models, or sample menus.

Provide learners with handouts from Ten Guides to Menu Planning (appendix, p. VI-A7) and Questions to Consider in Meal Planning for the Elderly (appendix, p. VI-A8), and pamphlets from local sources. Assign each learner the responsibility of designing a week's menu plan to insure that factors of nutrition, appearances/needs are optimized. Learners should include the most economical foods. Provide each learner with an individual "profile" of the elderly person for whom they are designing the menu. Either utilize the profiles in Module IV or develop

REFERENCES AND RESOURCES

BOOKS

6 Meal management.

8 Foundations of food preparation.

FILMSTRIP

67 Food preparation.

PERIODICALS

16 Holding line on proper menus may help patients live longer.

24 Menu planning for the geriatric patient.

28 Geriatric menu planning.

29 Planning therapeutic diets.

30 Stereotyped ideas about food for the elderly.

31 The ideal geriatric diet.

44 Meal patterns of elderly patients.

Food models.

Food pictures.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care. (Cont'd)	1.2 plan well-balanced, attractive meals for the elderly in a home care situation, taking into consideration cultural and personal preferences/needs. (Cont'd)

The teacher will:

1.2.1 (Cont'd)

your own that best fit client profiles of your area. Discuss the menus, evaluating each with the above factors.

Utilize Lack of Complete Kitchen Facilities Among the Elderly: 1970 (appendix, p. VI-B8) to help plan menus.

1.2.2 facilitate visits with older American resource person. Have learners discuss with them

a. their current eating patterns;
b. personal food preferences;
c. economic restrictions on food choices;
d. any dietary restriction due to medical concerns or basic problems of aging;
e. availability of grocery store/meals-on-wheels, etc.;
f. what makes food look attractive to them.

PAMPHLETS

49 If you think breakfast is for the birds, think again.

51 Meal planning for the golden years: With pertinent information on weight control and other special diets.

52 Cooking for one or two in leisure years.

54 Daily food guide.

59 Nutrition programs for the elderly: A guide to menu planning, buying, and the care of food for community programs.

61 A Guide to effective projects operation: The nutrition program for the elderly.

APPENDIX: Ten guides to menu planning, p. VI-A7.

APPENDIX: Questions to consider in meal planning for the elderly, p. VI-A8.

APPENDIX: Sample menus, p. VI-A10.

APPENDIX: Tips for economical selection, p. VI-A9.

Same as for 1.2.1, plus Nutritionist

APPENDIX: Sample recipes, p. VI-A12-A16.

APPENDIX: Snack recipes, p. VI-A17.

APPENDIX: Skillet recipes, p. VI-A19.

APPENDIX: Lack of complete kitchen facilities among the elderly: 1970, p. VI-B8.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care. (Cont'd)	1.2 plan well-balanced, attractive meals for the elderly in a home care situation, taking into consideration cultural and personal preferences/needs. (Cont'd)
	1.3 demonstrate the selection and storage of food needed to provide meals for the aging in home care.

The teacher will:

1.2.2 (Cont'd)

Provide learners with materials on meal planning. Divide them into small groups. Ask each group to plan a week's menu for each of their older American resource person. This should include important facts about the older American that impacts on their planning. The teacher serves as a resource person.

Duplicate and distribute to entire class copies of the planned menus. Facilitate a class discussion on the menus, adding to or altering them accordingly.

Have learners discuss the revised menus with the older Americans and make any additional changes necessary. Invite the nutritionist to return to participate in the following:

- Facilitate learner discussion of the reactions to and suggestions about the menus on the part of the older Americans.
- Draw out particular insights gained about personal/cultural preferences, attitudes and feelings about food and eating, and attitudes and feelings about participating in the menu planning process.

Have the nutritionist make any additional comments/suggestions regarding the menus.

1.3.1 present basic information on selection points for common foods in each food group. Discuss nutritional labeling and explain its meaning.

Plan a field trip to a local grocery store. Assign each learner several items to buy. The learner will decide what to purchase based on prescribed use, form (fresh, frozen, or canned), brand, and prices.

Assign each learner the task of preparing a shopping list for the previously assigned menu. The learner should plan for the proper amounts, economical price, and desired quality.

PAMPHLETS

59 Nutrition programs for the elderly: A guide to menu planning, buying and the care of food for community programs.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care. (Cont'd)	1.4 demonstrate the preparation of meals and cleaning up after meals for the aging in home care.

SUGGESTED STRATEGIES

The teacher will:

1.3.1 (Cont'd)
Utilize handouts, Fact Sheet on Nutrition Labeling (appendix, p. VI-A20) and Storage Points (appendix, p. VI-A21).

1.4.1 present basic food preparation techniques. Discuss variations of common recipes. Discuss desirable characteristics of good food products.

View a filmstrip on proper sanitation procedures in the kitchen, if locally available.

Facilitate a discussion of arrangements, processes, and appropriate household sterilization. Distribute handouts on sanitation procedures and precautions.

Divide learners into groups. Each group will plan a menu; prepare grocery list; purchase, prepare, and serve the food; and clean up after the meal. Instructor should observe activities while in progress and facilitate a discussion/evaluation of the exercise.

REFERENCES AND RESOURCES

62 Can your kitchen pass the food storage test?

APPENDIX: Fact sheet on nutrition labeling, p. VI-A20.

APPENDIX: Storage points, p. VI-A21.

BOOKS
1 Practical cooking.
5 Training the food service worker, chs. 9, 11, 2, 3.
6 Meal management.
8 Foundations of food preparation.
7 Sanitary techniques in food service.
13 Food service in institutions, ch. 9.

FILMSTRIPS
67 Food preparation.
68 Personal sanitation.
69 Protecting the public.

APPENDIX: Check sheet on sanitation procedures, p. VI-A22.

APPENDIX: Check sheet on cooking hazards, p. VI-A24.

COMMUNITY RESOURCES
Utility company Home Economist
Kitchens of teacher/learners
Home economics extension agent
Hospital for local nursing home

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 plan menus and select, purchase, and prepare foods which will adequately meet the nutritional needs of the elderly in home care. (Cont'd)	1.5 demonstrate feeding techniques that encourage eating.

SUGGESTED STRATEGIES

The teacher will:

1.5.1 describe and demonstrate approaches to encouraging the elderly to eat. Discuss Factors Affecting Appetite (appendix, p. VI-A3), Food Service Techniques (appendix, p. VI-A25), and Suggestions for Feeding the Elderly (appendix, p. VI-A26).

Stress the importance of company while eating and recognize that occasionally an older person will refuse to feed himself/herself as a way to have someone present while eating.

Divide the learners into three or four small groups. Have each group develop two role-playing situations: one appropriate to the elderly who can feed himself/herself, one appropriate to the elderly incapable of self-feeding. Emphasize variations in techniques for encouraging eating.

Facilitate a discussion of the situation and role-play of each group. Emphasize especially the feelings of the persons portraying the elderly as well as the attendants in each episode.

Summarize the techniques introduced, developed, and portrayed.

1.5.2 facilitate visits of older American resource person and have learners discuss with them factors which influence eating. Ask them for their ideas on what would encourage someone to eat. Prepare a lecture on how to feed patients who cannot feed themselves. Have learners share with the group their recommendations for effective assistance in improving or changing attitudes. Stress the importance of company while eating and recognize that occasionally an older person will refuse to feed himself/herself as a way to have someone present while eating.

REFERENCES AND RESOURCES

BOOK

3 Nutrition, behavior and change.

PERIODICALS

15 Geriatric feeding: Problem or privilege: The answer depends on staff attitude.

17 Making eating enjoyable.

19 Person-to-person meal service.

37 Motivate . . . Don't manipulate.

43 Sociology of food and eating: implications for action for the elderly.

APPENDIX: Factors affecting appetite, p. VI-A3.

APPENDIX: Food service techniques, p. VI-A25.

APPENDIX: Suggestions for feeding the elderly, p. VI-A26.

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

1 Department of Foods and Nutrition, College of Home Economics, Kansas State University. Practical cooking. New York, New York: John Wiley and Sons, Inc., 1975.

2 Better homes and garden new cookbook. Des Moines, Iowa: Meredith Corporation, 1968.

3 Gifft, H., & Washburn, B., & Harrison, G. Nutrition, behavior and change. Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1972.

4 Hewitt, J. The New York Times large type cookbook. New York, New York: Harper and Row, 1971. ($12.50).

5 Hospital Research Education Trust. Training the food service worker. Washington, D.C.: Robert J. Brady Company, 1972.

6 Kinder, F. Meal management. New York, New York: The Macmillan Company, 1973.

7 Longree, K & Blaker, G. G. Sanitary techniques in food service: New York, New York: John Wiley and Sons, Inc., 1971.

8 Peckham, G. Foundations of food preparation. New York, New York: The Macmillan Company, 1972.

9 Robinson, H. Normal and therapeutic nutrition. New York, New York: The Macmillan Company, 1972.

10 Rombauer, S. & Becker, M. R. Joy of cooking. Indianapolis, Indiana: Dobbs-Merrill Company, Inc., 1971.

11 Easy way to delicious meals cookbook. 332 South 13th Street, Philadelphia, Pennsylvania: Volunteer Services for the Blind, n.d.

12 Watkin, D. M. Nutrition for the aging and the aged. In. R. S. Goodhart & M. E. Shils (Eds.), Modern nutrition in health and disease. Philadelphia, Pennsylvania, Lea & Febiger, 1973.

13 West, B., Wood, L., & Harger, F. Food service in institutions. New York, York, New York: John Wiley & Sons, Inc., 1965.

PERIODICALS

14 Beeuwkes, M. Studying the food habits of the elderly. Journal of the American Dietetic Association. 1960, 37, 215-218.

15 Cabot, E. Geriatric feeding: Problem or privilege? The answer depends on staff attitude. Modern Nursing Home, 1971, 26, 56.

16 Cabot, E. Holding line on proper menus may help patients live longer. Modern Nursing Home, 1971, 27, 65.

17 Cabot, E. Making eating enjoyable. Modern Nursing Home, 1972, 29, 44.

18 Christakis, (Ed). Nutritional assessment of the elderly. American Journal of Public Health, 1973, 63, 68-82.

19 Daub, E. F. Person-to-person meal service. Hospital and Nursing Home Food Management, 1968, 2, 12.

20 Dreizeh, S. Clinical manifestations of nutrition. Geriatrics, 1974, 29, 93-103.

21 Exton-Smith, A. N. Physiological aspects of aging: Relationships to nutrition. American Journal of Clinical Nutrition, 1972, 25, 853-859.

22 Hilsen, S. L. Health problems of the elderly. Public Health News, 1971, 52, 11.

23 Current comment. Nutrition and eating problems of the elderly. Journal of the American Dietetic Association, 1971, 58, 43-48.

24 Knoll, A. D. Menu planning for the geriatric patient. Hospitals, 1971.

25 Krehl, A. The influence of nutritional environment on aging. Geriatrics, 1974, 29, 65-76.

26 Lane, M. M. Nutrition and the aging process. Nursing Homes, 1970, 19, 1969.

27 Lane, M. M. What determines the ideal geriatric diet: Nursing Homes, 1969, 18, 27.

28 Lane, M. M. Geriatric menu planning. Nursing Homes, 1965, 14, 21.

29 Lane, M. M. Planning therapeutic diets. Nursing Homes, 1966, 15, 27.

30 Lane, M. M. Stereotyped ideas about food for the elderly. Nursing Homes, 1967, 16, 27.

31 Lane, M. M. The ideal geriatric diet. Nursing Homes, 1967, 16, 27.

32 Lane, M. M. Food, fads, fallacies, and dietary quackery. Nursing Homes, 1968, 17, 17.

33 Lonergan, M. E. Nutritional survey of the elderly. Nutrition, 1971, 25, 30-36.

34 MacLeod, C. D. Dietary intake of older people. Nutrition, 1971, 24, 24-29.

35 Mann, G. Relationships of age to nutrient requirement. American Journal of Clinical Nutrition, 1973, 26, 1096.

36 Mayer, J. Aging and nutrition. Geriatrics, 1974, 25, 57-59.

37 McCarthy, L. W. Motivate . . . don't manipulate. Nursing Homes, 1971, 20, 36.

38 Moss, B. The aging process. Nursing Homes, 1971, 23.

39 Pelcorittis, J. Nutrition for older Americans. Journal of the American Dietetic Association, 1971, 58, 12-21.

40 Ross, M. H. Length of life and caloric intake. American Journal of Clinical Nutrition, 1972, 25, 834.

41 Schlenker, E. D., Feurig, J. S., Stone, L. H., Olson, M. A., & Mickelson, O. Nutrition and helath of older people. American Journal of Clinical Nutrition, 1973, 26, 1111.

42 Sebrell, W. H., Jr. It's not age that interferes with nutrition of the elderly. Nutrition Today, 1966, 1, 15.

43 Sherwood, S. Sociology of food and eating: Implications for action for the elderly. American Journal of Clinical Nutrition, 1973, 26, 1108.

44 Stanton, B. R. Meal patterns of elderly patients. Nutrition, 1966, 20, 4.

45 Troll, L. E. Eating and aging. Journal of the American Dietetic Association, 1971, 59, 456.

46 Young, M. Nutritional counseling for better health. Geriatrics, 1974, 29, 83-91.

PAMPHLETS

47 American Home Economics Association. Handbook of food preparation, 7th ed., 1975.

48 American Medical Association. Your age and your diet (OP-31). Chicago, Illinois, 1971.

49 Cereal Institutes, Inc. If you think breakfast is for the birds . . . think again! Chicago, Illinois: Author, n.d.

50 Federal Trade Commission. Buyer's Guide No. 9. Protection for the elderly. Washington, D.C.: U.S. Government Printing Office, n.d.

51 General Mills, Inc. Meal planning for the golden years: With pertinent information on weight control and other special diets. Minneapolis, Minnesota: Author, 1966.

52 Hindman, M. S. Cooking for one or two in leisure years. Clemson, South Carolina: Author, 1970.

53 U. S. Department of Agriculture, Agriculture Research Service, Consumer and Food Economics Research Division. A guide to budgeting for the retired couple (Home and Garden Bulletin No. 194 SN1000-2963-1). Washington, D.C.: U.S. Government Printing Office, 1971. Cost .30¢

54 U. S. Department of Agriculture, Food and Nutrition Service, Agricultural Research Service. Daily food guide (SN 001-024-001996). Washington, D.C.: U.S. Government Printing Office, n.d. Cost .25¢

55 U. S. Department of Agriculture. Home and Garden Bulletin No. 17. Food guide for older folks (SN-1000-3321-2). Washington, D.C.: U.S. Government Printing Office, 1973. Cost .40¢

56 U. S. Department of Agriculture, Consumer and Marketing Service. How to buy beef roasts. Washington, D.C.: U.S. Government Printing Office, 1974.

57 U. S. Department of Agriculture. Home and Garden Bulletin No. 183. Your money's worth in foods (SN-1000-3055-8). Washington, D.C.: U.S. Government Printing Office, 1974.

58 U. S. Department of Agriculture and Health, Education, and Welfare, Grocery Manufacturers of America, and The Advertising Council. Food is more than just something to eat. Washington, D.C.: U.S. Government Printing Office, 1973.

59 U. S. Department of Agriculture, Agriculture Research Service, Consumer and Food Economics Research Division. Nutrition programs for the elderly: A guide to menu planning, buying, and the care of food for community programs (A77, 15:NE-59, SN 001011-00162-2). Washington, D.C.: U.S. Government Printing Office, 1972. Cost $1.05.

60 U. S. Department of Health, Education, and Welfare, Administration on Aging. A selected annotated bibliography--nutrition and aging (DHEW Publication No. (SRS) 73-20237). Washington, D.C.: U.S. Government Printing Office, 1973.

61 U. S. Department of Health, Education, and Welfare, Administration on Aging. A guide to effective projects operation: The nutrition program for the elderly. Washington, D.C.: U.S. Government Printing Office, 1973.

62 U. S. Department of Health, Education, and Welfare, Public Health Service, Food and Drug Administration. Can your kitchen pass the food storage test? (DHEW Publication No. (FDA) 74-2052). Washington, D.C.: U.S. Government Printing Office, 1974.

63 U. S. Department of Health, Education, and Welfare, Public Health Service, Food and Drug Administration. We want you to know about nutrition labels on foods (SN 17012-00190-4). Washington, D.C.: U.S. Government Printing Office, 1974. Cost .25¢

64 U. S. Department of Health, Education, and Welfare, Public Health Service, Food and Drug Administration. Nutrition labels: A great leap forward. Washington, D.C.: U.S. Government Printing Office, n.d.

65 Roche Laboratories. Food and the Nursing Home Patient: Workbook #5. Nutley, New York: Author, n.d.

RESOURCES

FILMSTRIPS

66 Coronet Instructional Films. Let's keep food safe to eat.

67 National Education Media. Food preparation.

68 National Education Media. Personal sanitation.

69 National Restaurant Association. Protecting the public.

THE BASIC FOUR FOOD GROUPS

The basic four food groups are a dietary guide to good nutrition. The groups are:

The milk group--two or more servings each day. One serving is equivalent to:

1 - 8 oz. glass of milk
1-1/3 oz. processed cheese
1-1/2 cups cottage cheese
2 - cups ice cream

The meat group. One serving is equivalent to:

2 - 3 oz. lean, cooked beef; veal, pork, poultry, or fish
2 eggs
1 - cup cooked beans
4 - T. peanut butter

The fruits and vegetables group. One serving is equivalent to:

1/2 - cup cooked or raw fruits, fruit juices, or vegetables

The bread and cereal group. One serving is equivalent to:

1 - slice of bread
1 oz. of ready-to-eat cereal
1 - corn tortilla
1/2 to 3/4 cups cooked cereal, rice, cornmeal, grits, macaroni or spaghetti

Module VI
Appendix A
Strategy 1.1.1
1.1.2

DIETARY EVALUATION

Record the foods and the amounts you have eaten for the past 24 hours.

Time of Day	Food Eaten	Group I	Group 2	Group 3	Group 4	Other
Total No. of Servings:						

FACTORS AFFECTING APPETITE

Here are some of the things that lessen the appetite:

Headaches

Pain

Constipation

Illness

Poor Dental Health

Change in Taste Buds

Tiredness

Emotional Upset

Lack of Exercise

Boredom

Poor Nutrition

Unattractive Food

New Foods

Poorly Prepared Food

Snacks

FOOD FACTS

1. There is no single perfect food so that a variety of foods must be eaten to maintain good health.

2. Any food if eaten in great enough quantity can cause weight gain.

3. There is no food which when consumed can cause one to lose weight.

4. By eating a variety of foods, one can receive all of the essential nutrients.

5. Vitamin and mineral supplements are not necessary if the diet is well-balanced. They may be necessary if the diet is well-balanced. They may be necessary in the case of a long-term illness, improper use of the nutrient by the body or lack of adequate amounts of food. A doctor can judge the need for such supplements.

6. If one persists on taking vitamin supplements, take only that directed for one day. Some of the nutrients are stored in the body if taken in great enough amounts and are dangerous.

7. Additives are added to foods to protect their quality. They go through a great deal of testing before they are allowed to be used. If new tests point out changes, they are taken off the market. Remember foods are made up of many of the same chemicals as are additives.

8. Good nutritional health does not happen overnight, but rather is built on throughout life. Anyone or anything that proclaims miraculous results is a fad.

9. Put your faith in a good medical doctor or nutritionist associated with a hospital, nursing home or public health service.

ABOUT THE ELDERLY AND THEIR NUTRITION

Once cannot measure aging chronologically--rates of aging differ with each person.

Senility is a separate illness not to be associated with aging. Older people often know exactly what they want and expect from those around them.

We do not know the causes for aging. We only have theories.

The reason for our increasing aged population is not that people are living longer but that we have reduced our infant mortality rate.

The life expectancy of women is 75 years; that of men is 68 years.

One fourth of all older Americans' incomes fall below the poverty level.

After retirement, older people usually must adjust to a different lifestyle from that to which they had been accustomed. This may include living on a fixed income. They may look at welfare and food stamps as a handout. Their food choices may hinge on cost rather than nutritive value. Their change in income status may change their housing conditions; therefore, they may not have storage facilities.

Food habits may be altered by lack of transportation or fear of leaving home for even a short period of time. Loneliness is an appetite depressant. The elderly have food habits that are part of their past. These are fixed and hard to change. There are good aspects to everyone's food habits. Build on these. Change will come gradually.

The elderly are quite susceptible to food fads. They watch television a great deal.

The activity level of most elderly persons decreases. Lesser amounts of foods are needed, but quality is of major importance.

Senses of taste and smell are less acute. Many elderly have lost teeth or have denture problems.

Stomach and intestinal problems are common among the elderly. Many of the elderly have chronic illnesses.

Milk is important in the dietary needs of the elderly because of the nutrient calcium which promotes bone mineralization. Elderly people often have iron-deficiency anemia. Water and fiber are important for proper stomach and intestinal function. Snacks are often an important source of calories and other nutrients for the elderly. Nutritious, easy-to-prepare snacks should not be underestimated in the diet of the elderly. Many people are altering the three-meal pattern. Some prefer four to six small meals.

DANGER SIGNALS OF POOR NUTRITION AMONG THE AGED

1. Poor health or ill-fitting dentures.
2. Stomach problems.
3. Alcoholism: alcoholics do not eat nutritious foods, but gain most of their calories from alcohol.
4. Loss of weight or height.
5. Skin lesions.
6. Poor appetite.
7. Illnesses - longstanding or frequent infections.
8. Lack of ability to get around easily.
9. Fear of eating some foods which are thought to have too much acid or are gaseous.
10. Loss of enthusiasm for even favorite things.

TEN GUIDES TO MENU PLANNING

1. Use the Basic Four Food Groups as a general pattern.
2. Plan a variety of colors for each meal.
3. Choose a combination of textures: smooth, crunchy, chewy, crispy.
4. Provide a variety of shapes and sizes.
5. Utilize varied preparation techniques: fried, stewed, broiled, baked, roasted, etc.
6. Consider the combination of flavors: bland, spicy, sweet, sour. Flavors should complement one another.
7. Plan usually to include both hot and cold foods in the meals.
8. Consider likes and dislikes of those who will eat the meal.
9. Recognize the special dietary needs of those who will eat the meal.
10. Plan for as few leftovers as possible.

QUESTIONS TO CONSIDER IN MEAL PLANNING FOR THE ELDERLY

1. What is the approximate available amount for food purchase?
2. Who does the menu planning, shopping, and meal preparation?
3. What kinds of equipment are used or available? What are the storage facilities?
4. What are the food habits of this person?
5. What are the food preferences of the person?
6. Can you plan an adequate diet based on these food habits and preferences?
7. Do you need to alter the consistency of the diet?
8. Is eating painful? Difficult?
9. Is the older person influenced by fads or prejudices?
10. What is the educational level of this person?
11. Is the person able to leave home alone?
12. Does the person ever dine at restaurants?
13. Is there a Meals-on-Wheels program available to the person?

TIPS FOR ECONOMICAL SELECTION

Cost is important. Different forms of foods vary in cost. Supermarkets usually have a greater selection of foods than smaller grocery stores. Some foods are available only at certain times of the year. Others are available all year around, but the cost varies when they are not in season in all areas. Many foods have little or no nutritive value except calories, and are usually quite expensive.

Less-tender cuts of meat are less expensive but well-suited to moist heat cookery methods such as braising or stewing. Some of these are beef round steak, blade pot-roast, brisket, and flank steak. Organ meats are inexpensive and excellent sources of protein. Lean pork is good quality protein also. In purchasing meats, bone and discardable fat should be noted in relation to price.

Regular ground meat and lean ground meat can be mixed together. This will decrease the price and fat content of the two separate types. Soy meat extenders are available in supermarkets. They have good flavor and are commonly used with ground meat to increase volume. Other meat extenders are pasta products, bread, and cracker crumbs. These can be added to a variety of meat products to lessen price and insure nutritional quality.

Low-fat and skim milk are less expensive than whole milk. Non-fat dry milk is even less expensive and can be used in baking. It can also be mixed half-and-half with another milk to cut the price. It has excellent shelf life.

Check brands and forms of foods. Canned vegetables and fruits may cost less than fresh or frozen counterparts. The opposite of this may be true also; as foods are in season the fresh variety may be lower in cost than either the canned or frozen item because of processing. Store brands may cost less than name-brand foods. This is not always the case. Can and package sizes are not uniform.

Large cities usually have bakery thrift shops where baked goods are discounted. These are of the same nutritional quality as those found in the grocery store.

Sales sometimes lead the buyer to buy large "economy" sizes. However, if the item is not used frequently it is not a good buy. Menu planning and a written shopping list help to prevent impulsive buying.

SAMPLE MENUS

Breakfasts

Orange Juice
Scrambled Eggs with Toast
Apple Jelly and Margarine
Milk
Coffee

Grapefruit Half
Cream of Wheat with Milk
Coffee

Prune Juice
Poached Egg on Toast
Sausage Patties
Milk
Coffee

Lunches or Dinners

Toasted Ham Sandwich
Tossed Green Salad
Peach Halves
Milk

Roast Beef
Potatoes Carrots Onions
Green Beans
Hard Rolls
Gelatin Fruit Cup
Iced Tea

Fried Chicken
Mashed Potatoes Buttered Broccoli
Biscuits
Angel Food Cake with Strawberries
Iced Tea

Suppers

Cream of Tomato Soup
Toasted Cheese Sandwich
Relishes
Milk

Meat Loaf with Tomato Sauce
Cottage Cheese and Pears on Lettuce Leaf
English Peas and Squash
Sherbet
Iced Tea

Macaroni and Cheese Casserole with Ham
Fresh Spinach Salad
Pound Cake
Iced Tea   Milk

Snacks

Milk   Milk Shakes

Vegetable Relishes

Crackers and Cheese or Peanut Butter

Fruits: Apples, Oranges, Bananas, Grapefruit

Fruit Juices

Raisins

Cheese Toast

Snacks should be chosen from nutritious foods. It may be easier for the elderly person to consume four to five small meals than three larger ones.

SAMPLE RECIPES

Breakfast

1 tablespoon (heaping) - 100% bran
3 tablespoons (heaping) - granola
1 small glass milk 2% or skim
1 small glass juice (prune) if one has a constipation problem.

Dinner

My favorite meal anytime of the year is:

You can buy fowl parts as well as pork chops. This recipe will do for stuffed pork chops as well, or for swiss steak rolled with the dressing inside. Be sure steak has been put through the tenderizer at the grocery store meat department, which chops it so tender you can cut it with a fork.

Take 4 or 5 slices of stale bread, cut up 1 large rib of celery, 1 small onion, sage and pepper to your desire, sprinkled over the upper ingredients. Then pour over this, 1 or maybe 2 cups of hot water (its according to how large the bread slices were), with one large heaping tablespoon of instant chicken powder which also has the salt in it. Let stand until the water mixture is cool. Beat in 1 egg and your dressing is ready.

Lay 2 chicken thighs or legs or 2 turkey thighs or legs or 2 pork chops, or if you prefer take a 1/2 lb. swiss steak and roll the dressing inside it and bake until meat is done.

You have a meal that lasts 4 days for me. With that meat dish you serve 1/2 cup per person of brussel sprouts or 1/2 cup spinach or broccoli or 1/2 cup green beans plus serving of 1/4 cup cottage cheese.

You have all that is required for the elderly people. Some of my friends prefer peas and carrots.

Dessert

Cook rhubarb with as little water as possible to keep from sticking. Add a little red cake coloring to rhubarb, to give it some color. Set aside to cool when finished cooking. When rhubarb is cool, put a 4-1/2 oz. package of frozen sweetened strawberries to 1 pint of rhubarb or for 1 qt. rhubarb, use 1 10-1/2 oz. package of strawberries. If fresh berries are used, put them in before the rhubarb is too cool . . . of course you sweeten the rhubarb some. Put it in jars in refrigerator, and this lasts a week for me.

*These recipes and menu suggestions were provided by Mrs. Thelma K. Burling, age 78, of Peoria, Illinois.

Another Dessert

Take any flavor Jello and make as directed on package. When it is partly set, take 1/2 cup and whip. Add either pet whip or dream whip after it is whipped. Fold it into the Jello you whipped. In the meantime lay pear halves with open side up in other part of Jello. Fill each half with the whipped pet whip and Jello. Put a marachino cherry on top. You have a dessert for a queen or king or both. It's beautiful and delicious, and very healthy for elderly people as well as younger ones too.

MACARONI AND CHEESE

Preheat oven to 350°. Cook 1 1/2 cups elbow macaroni in boiling salted water till tender; drain. In a saucepan, melt 3 tablespoons butter or oleo, blend in 2 tablespoons all-purpose flour, 1/2 teaspoons salt, and dash pepper. Add 2 cups milk; cook and stir till thick and bubbly. Add 1/4 cup finely chopped onion (optional) and 8 ounces sharp processed American cheese, cubed, (2 cups); stir til melted.

Mix cheese sauce and macaroni. Turn into a 1 1/2 quart casserole. Sprinkle 1 sliced tomato with salt; arrange on top. Bake at 350° for 35 to 40 minutes, or till heated through. Makes 6 servings.

Variation: Add 1 1/2 to 2 cups cubed ham when combining the cheese sauce with the macaroni.

MEAT LOAF WITH TOMATO SAUCE

1 1/2 pounds ground beef
1/2 cup dry bread crumbs or saltine crackers, crushed
1 can tomato soup (10 1/2 ounces)
1/4 cup finely chopped onion
1 egg slightly beaten
1 teaspoon salt
Generous dash of pepper
1/2 teaspoon dry mustard
2 slices processed cheese

Mix beef, crumbs, 1/4 cup of soup, onion, egg and seasoning thoroughly. Shape firmly into 2 loaves. (One loaf can be frozen for later use). Bake at 350F for 40 minutes. Drain off fat after cooking. Pour remaining soup mixed with mustard on loaves. Top with cheese. Bake 5 minutes more.

BEEF POT ROAST

Coat one 3- to 4 - pound beef pot roast with flour. In Dutch oven, large skillet, or roasting pan, brown slowly on all sides in 2+ tablespoons hot shortening or salad oil. Season with salt and pepper. Remove from heat, then add 1/2 cup water. Cover tightly and cook slowly 2 1/2 hours or till tender. Add water if needed to prevent sticking.

If desired, add small potatoes, pared and halved, small whole onions, and medium carrots, pared and cut in 1-inch pieces the last 45 to 60 minutes of cooking. Can make gravy from juices. Makes 6 to 8 servings.

PERFECT FRIED CHICKEN

1/3 cup all-purpose flour
1 teaspon paprika
1-2 1/2 to 3 pounds ready-to-cook broiler fryer chicken, cut up
Shortening for frying

Combine flour, paprika, 1 teaspoon salt, and 1/4 teaspoon pepper in paper or plastic bag; add 2 or 3 pieces of chicken at a time and shake. Heat shortening (1/4 inch deep in skillet) till a drop of water sizzles.

Brown meaty pieces first; then add remaining pieces (don't crowd). Brown one side; turn with tongs. When lightly browned, 15 to 20 minutes, reduce heat; cover tightly. (If cover isn't tight, add 1 tablespoon water.) Cook until tender, 30 to 40 minutes. Uncover last 10 minutes. Makes 4 servings.

ANGEL CAKE

1 cup sifted cake flour
3/4 cup sugar
1 1/2 cups (12) egg whites
1 1/2 teaspoons cream of tartar
1/4 teaspoon salt
1 1/2 teaspoons vanilla
3/4 cup sugar

Preheat oven to 375°. Sift flour with 3/4 cup sugar 2 times; set aside. Beat egg whites with cream of tartar, salt, and vanilla till stiff enough to form soft peaks but still moist and glossy. Add remaining 3/4 cup sugar, 2 tablespoons at a time, continuing to beat till egg whites hold stiff peaks. Sift about 1/4 of flour mixture over whites; fold in. Repeat, folding in remaining flour by fourths. Bake in ungreased 10-inch tube pan at 375° for 35 to 40 minutes or till done. Invert cake in pan, cool.

LOAF POUND CAKE

3/4 cup butter or margarine
1/2 teaspoon grated lemon peel
3/4 cup sugar
1 teaspoon vanilla
3 eggs
1 1/4 cups sifted all-purpose flour
1/2 teaspoon baking powder
1/4 teaspoon salt

Preheat over to 350°. Cream butter and peel; gradually add sugar, creaming till light, about 6 minutes at medium speed on electric mixer. Add vanilla, then eggs, one at a time, beating well after each. Sift together dry ingredients; stir in. Grease bottom only of 9 x 5 x 3 inch pan, pour in batter. Bake at 350° for 50 minutes or till done. Cool in pan. Sift confectioner's sugar lightly on top.

ORANGE GELATIN SALAD

1 package orange flavored gelatin (3 ounces)
1 cup hot water
1-6 ounce can frozen orange juice
1 small can crushed pineapple (drained)
1 can Mandarin orange slices (drained)

Dissolve gelatin in hot water, add frozen orange juice. When the mixture begins to thicken, add crushed pineapple and orange slices:

Serves six

Many cookbooks are available with tested, nutritious recipes. Usually a general cookbook is of more help because basic cooking procedures are given. Most of the recipes given here come from Better Homes and Gardens New Cookbook. For small portions, choose cookbooks with recipes for two people.

Others that may prove helpful are listed below:

Cookbooks for the Handicapped:

To aid the blind or visually impaired, there's the Easy Way to Delicious Meals Cookbook in Braille and large type editions.

Both editions contain over 50 recipes requiring minimal preparation plus helpful hints on kitchen organization, equipment, and food techniques.

To obtain copies of either the Braille or large type editions of Easy Ways to Delicious Meals Cookbook, write to: Volunteer Service for the Blind. 332 South 13th Street, Philadelphia, Pennsylvania 19107.

SNACK RECIPES

(Including high protein snacks to provide good nutrition for the elderly)

Angel Biscuits (serves 20-25)

5 c. flour
1 t. soda
3 t. baking powder
1½ t. salt
1 pkg. dry yeast
2 T. sugar
¼ c. warm water
1 c. shortening
2 c. buttermilk

Sift dry ingredients together. Cut in shortening. Dissolve yeast in warm water; add buttermilk. Stir well. Add to flour mixture. Mix until blended. Knead for one minute or until smooth. Roll to ½ inch thickness. Cut, place in ungreased pan. Bake at 450° F. for 10 minutes. This dough may be stored in bulk for 3 or 4 days in the refrigerator. It is also good for cinnamon rolls.

Dingbats

1 stick margarine
1 c. sugar
1 egg well beaten
1 pkg. dates, chopped
1 c. chopped pecans
1 t. vanilla
4 cups Rice Krispies (or other rice cereal)
Coconut

Mix margarine and sugar, add well-beaten egg and package of chopped dates. Cook together over low heat, until dissolved. Add a cup chopped pecans and cook 10 minutes longer, stirring constantly. Remove from heat and add 1 teaspoon vanilla and stir. Add 4 cups Rice Krispies. Mix well. Form into small balls. Roll in flaked coconut. Can be made in advance and frozen or refrigerated for days.

Honey Balls (No cook)

1 cup honey
1 c. peanut butter
2 c. dry milk solid
2 cups corn flakes (crushed)

Cream honey and peanut butter. Mix with milk solids. Shape in balls. Roll in corn flakes.

Chewy Oatmeal Bars (makes about 60 1½ inch squares)

1½ cups all-purpose flour
1 teaspoon baking powder
1/2 teaspoon baking soda
1 tablespoon ground cinnamon
1 can (10-3/4 oz.) Campbell's tomato soup
1-1/3 cups packed brown sugar
2 eggs
1/2 cup salad oil
1 cup quick or regular oats, uncooked
1 cup chopped peanuts

1. Preheat oven to 350°F.
2. In large bowl, sift flour, baking powder, baking soda, and cinnamon
3. Add soup, sugar, eggs, and oil
4. Beat 300 strokes with spoon, scraping sides and bottom of bowl.
5. Stir in oats and peanuts.
6. Spread into a greased and floured jelly roll pan (15 x 10 x 1").
7. Bake at 350°F. for about 25 minutes or until done.

Sand Tarts or "Sandies" (one recipe makes about 4 dozen cookies)

1 cup butter
5 T. powdered sugar
2 c. flour
2 t. vanilla
1½ cups finely chopped nuts (chopped or ground)

Cream butter and sugar. Work flour, vanilla and nuts into creamed mixture.
Mix well and chill for an hour or longer.
Form into small balls or shape into rolls about the size of your little finger.
These small rolls can be shaped like a "half-moon" or crescent.
Bake on ungreased sheet in oven 350 degrees 30 minutes or 375 degrees for 15 minutes, until lightly browned. Roll in powdered sugar while still warm. (Can be stored in a covered container for a long time).

A good nutritional snack for older persons is a bowl of dried fruit such as apricots, raisins and coconut.

SKILLET RECIPES

Cheese Rarebit

½ c. milk (can use 1/3 c. dry milk and 1 cup water to make 1 cup milk)
1 c. cut-up cheese (or grated)
½ t. prepared mustard

Mix milk, cheese and mustard in a pan (or electric skillet)
Cook and stir over low heat until cheese melts and sauce is smooth.
Makes 2 servings, 1/3 cup each.
Recipe variation: Add leftover ham, chicken or beef to cheese sauce and heat thoroughly. Spoon over toast.
Menu idea: Serve cheese rarebit on toast and have tossed salad, applesauce, and oatmeal cookies.

Calico Skillet

2 cups diced zucchini
½ cup chopped onion
½ teaspoon basil leaves, crushed
2 tb. butter or margarine
1 can (11 oz) Campbell's Condensed Cheddar cheese soup
3 cups cooked elbow macaroni
2 cups shredded sharp Cheddar cheese
1 can (16 oz.) tomatoes, chopped and well-drained
½ teaspoon prepared mustard

In skillet, cook zucchini and onion with basil in butter until tender. Add remaining ingredients. Heat until cheese melts; stir occasionally. Makes about 5½ cups, 4 servings.

Big Bean Bonanza

1 can (16 oz.) tomatoes, chopped
1 cup sliced onion
1 medium clove garlic, minced
1 tb. chili powder
2 tb. butter or margarine
1 can (11½ oz.) lima beans, drained
1 can 15½ oz.) kidney beans, undrained
1 can (8½ oz.) butter beans, drained
4 slices (about 4 oz.) mild process cheese, cut in half diagonally

In skillet, simmer tomatoes and onion with garlic and chili in butter about 15 minutes or until onion is tender. Stir in soup. Add remaining ingredients except cheese. Heat; stir occasionally. Top with cheese. Cover; heat until cheese melts. Makes about 5½ cups, 4 servings.

FACT SHEET ON NUTRITION LABELING

1. The Food and Drug Administration requires that many foods be labeled as to their nutrition content.

2. The nutrition label contains the number of calories and the grams of protein, carbohydrate, and fat supplied by one serving of the food.

3. The U. S. recommended daily allowance for each nutrient is:

   Protein -- 65 grams
   Vitamin A -- 5,000 I.U.
   Vitamin C -- 60 milligrams
   Thiamine -- 1.5 milligrams
   Riboflavin -- 1.7 milligrams
   Niacin -- 20 milligrams
   Calcium -- 1.0 grams
   Iron -- 18 milligrams
   Vitamin D -- 400 I.U.
   Vitamin E -- 30 I.U.
   Vitamin B_6 -- 2.0 milligrams
   Folic acid -- 0.4 milligrams
   Vitamin B_{12} -- 6 milligrams
   Phosphorous -- 1.0 grams
   Iodine -- 150 micrograms
   Magnesium -- 400 milligrams
   Zinc -- 15 milligrams
   Copper -- 2 milligrams

4. The nutrition label of a food states a percentage of the above values for each nutrient. Usually only the first eight nutrients are listed on a nutrition label. If a food supplies only two percent of nutrient, it is not considered a good source. Look for other foods which supply greater amounts of the nutrient.

5. For more information on nutrition labeling, write :

   U.S. Government Printing Office
   Washington, D.C. 20402

   or contact

   Regional Food and Drug Administration

STORAGE POINTS

1. Do not purchase more than you have room for.
2. Keep refrigerators and freezer units in proper working condition. Clean and defrost periodically.
3. Refrigerator temperatures should be maintained between the range of 36 and 40 degrees Fahrenheit.
4. Freezer temperatures should be maintained at zero degrees Fahrenheit.
5. Use foods by expiration date on package.
6. Discard foods which show spoilage.
7. Keep foods in refrigerator properly covered or wrapped.
8. Dry ingredients such as flour, sugar, and pasta products should be kept in covered containers.
9. Foods purchased less recently should be used first. A rotation system should be used for canned goods.
10. Foods in refrigerator as well as dry storage should have room around them for air circulation.
11. Check dry storage areas periodically for insect and rodent signs.

CHECK SHEET ON SANITATION PROCEDURES

In the kitchen, do you:

NO	YES	
☐	☐	Keep work surfaces clean and the work area well organized and orderly so that each part of the work may be carried through to completion without hazard?
☐	☐	Use only clean utensils in preparing, cooking, and serving food?
☐	☐	Use clean dishrags and towels?
☐	☐	Use very hot water and detergent to wash utensils and dishes?

In handling foods, do you:

☐	☐	Refrigerate unused foods and clean up any spillage promptly?
☐	☐	Cover all foods that are refrigerated? Some foods have strong odors and will ruin the flavor of other, more bland foods.
☐	☐	Refrigerate warm foods before they cool? Prompt refrigeration discourages growth of bacteria that occurs when foods cool at room temperature.
☐	☐	Cook meats until they are done? Temperature charts are given in most basic cookbooks.
☐	☐	Wash fresh fruits and vegetables before using?
☐	☐	Check expiration dates now on most foods before purchasing? Usually latest date will occur on package at back of display.

As a Home Helper, do you?

NO	YES	
☐	☐	Wash hands with soap and water whenever hands are soiled, after use of handkerchief, and above all, after each visit to the toilet?
☐	☐	Keep fingers and hands out of food as much as possible? Use spoons, forks, tongs, or other appropriate utensils?
☐	☐	Always grasp such utensils as spoons, spatulas, tongs, and forks by the handle?
☐	☐	Pick up and convey glasses by the bases, cups by their handles, and plates by the rims, being careful to avoid possible contamination of the serving surface?
☐	☐	Use clean spoon each time for tasting food?
☐	☐	Keep clean and neat in appearance? Take a shower daily and use a deodorant?
☐	☐	Keep hair clean and neatly secured when preparing foods?
☐	☐	Avoid touching hair or face when handling food?

CHECK SHEET ON COOKING HAZARDS

Do you?

NO YES

☐ ☐ 1. Keep pot and pan handles positioned toward back of stove?

☐ ☐ 2. Avoid clothing with long flowing sleeves that may easily catch on pot handles and/or cause burns?

☐ ☐ 3. Clean up spills on floors immediately to prevent falling?

☐ ☐ 4. Avoid broken or chipped cooking utensils or serving pieces?

☐ ☐ 5. Turn off the range and oven when not in use?

☐ ☐ 6. Check electric cords on appliances periodically for worn places? Replace if necessary?

☐ ☐ 7. Avoid overloading electrical outlets? Unplug those appliances that are not in use?

☐ ☐ 8. Dry hands before using electrical appliances?

☐ ☐ 9. Have gas ranges checked by gas company periodically?

☐ ☐ 10. Store knives carefully?

☐ ☐ 11. Keep a box of baking soda near the stove to use in case of grease fire?

FOOD SERVICE TECHNIQUES

Handle service articles properly.

Set the table or tray in an orderly fashion. Use what is available to make it attractive such as tablecloths, placemats, napkins, centerpieces, etc.

Serve food in clean and pleasant atmosphere.

Serve hot foods hot and cold foods cold.

For those with small appetites, place only small amounts of food on the plate. Large quantities will make them quit before they start.

Do not force unwanted food on the elderly person.

Drain juicy vegetables before placing on plate, or put in a small bowl. Foods look more attractive if they do not run together.

Garnishes make foods more appealing:

Paprika on mashed potatoes
Parsley on buttered potatoes
Spoon of whipped cream on gelatin salads or desserts
Maraschino cherries on grapefruit halves.

Do not overdo the garnishing, however; a little goes a long way.

If the elderly person likes to watch television with meals then fix a comfortable spot for eating and watching.

Take pride in the service of food to the elderly. Food is important to them.

Either eat with the elderly person or visit with them while they eat.

SUGGESTIONS FOR FEEDING THE ELDERLY

1. Take time to make eating time a pleasant highlight of the day.
2. Be patient--a person can swallow only so fast.
3. Be understanding--the person would feed him- or herself if it were possible.
4. Be gentle with forks and spoons.
5. Wipe the corners of their mouths gently periodically throughout the meal.
6. Straws may aid in the feeding of liquids.
7. Do not mix all of the foods together. Offer each food separately as would be most commonly eaten.
8. Keep the conversation pleasant with your patient.
9. If patient wants to try to feed him- or herself, let them. If they try and fail, go on with the feeding. Help them feel at ease.

IMAGINATION TRIP

To lead a group of learners on an imagination trip, have them seat themselves comfortably in a circle. Tell them that you are going to take them on an Imagination Trip. That you want them to get as comfortable and relaxed as they can, to close their eyes, and to keep their eyes closed throughout the trip.

You will then "lead" them on the trip by giving vivid descriptions of whatever it is you want them to experience. The participants are to try and conjure up pictures in their minds to match the descriptions. They are also to try and "smell", "taste", "feel" or "hear" what goes with the descriptions.

When all seem comfortable and have their eyes closed, you begin. Make descriptions as vivid as you can, bringing in as many of the senses as are appropriate. Pause after each section letting them feel that part of the "trip" to its fullest.

When the trip is completed, tell the participants to "return" at their own pace. When all have opened their eyes and are "back" begin discussion.

Example of Beginning Imagination Trip

We are going to eat at a fine restaurant. Everyone is all dressed up. We are greeted just inside the door by the maitre de who says our table is ready. The plush carpet feels soft and springy underfoot.* There is soft music being played by a chamber music quartet and sounds of voices in quiet conversation and ice tinkling in crystal goblets reach our ears.* The light is soft, but not dim. As we pass other tables, delicious smells assault our nostrils: roast, fresh baked bread, spicy sauces,*(and so on. . . .).

*Pause

NUTRITION INFORMATION SOURCES

Agricultural Experiment Station
Dept. of Information
Lexington, Ky., 40506

The American Dietetic Association
430 North Michigan Avenue
Chicago, Ill., 60611

American Dry Milk Institute
130 N. Franklin
Chicago, Ill., 60606

American Home Economics Assn.
2010 Mass Avenue, N.W.
Washington, D.C., 20036

American Medical Assn.
535 North Dearborn St.
Chicago, Ill. 60610

American Public Health Assn.
1790 Broadway
New York, New York 10019

American Red Cross
Office of Public Information
Washington, D.C. 20013

California Dietetic Assocation
A Dozen Diets for Better or Worse
1609 Westwood Blvd., #203
Los Angeles, California 90024
Price: $2.00

General Institute, Inc.
135 South LaSalle St.
Chicago, Ill., 60603

Consumer and Educational Services
Del Monte Corp., Rm. 245
San Francisco, Calif., 94199

Florida Citrus Commission
P.O. Box 148
Lakeland, Florida 33802

The Food and Nutrition Information Center
National Agricultural Library, Rm. 304
Beltsville, Maryland 20705

Florida Department of Citrus
School Services Division
Lakeland, Florida 33801

General Foods
P.O. Box 164
Kankakee, Ill., 60901

Metropolitan Life Ins. Co.
One Madison Avenue
New York, New York 10010

National Dairy Council
Program Service Department
111 N. Canal St.
Chicago, Ill., 60606

National Livestock & Meat Board
36 South Wabash Avenue
Chicago, Ill., 60603

National Research Council
2101 Constitution Ave., N.W.
Washington, D.C.

Nutrition
Pueblo, Colorado 81009

Pictorial Media, Inc.
Swift and Co.
155 West Jackson Blvd.
Chicago, Ill., 60604

Public Affairs Committee, Inc.
Health Foods: Facts and Fads
381 Park Avenue, South
New York, New York 10016
Price: $0.35

Standard Brands Educational Service
P.O. Box 2695
Grand Central Station
New York, New York 10017

Texas Agricultural Ext. Service
Good Nutrition is a Treasure
Texas A&M University
College Station, Texas 77840

REFERENCE JOURNALS FOR SPECIAL DIETARY PROBLEMS

American Journal of Clinical Nutrition

Annals of Internal Medicine

British Medical Journal

Diabetes

Geriatrics

The Gerontologist

Journal of the American Diabetes Association

Journal of the American Geriatrics Society

Journal of the American Home Economics Association

Journal of the American Medical Association

Journal of Gerontology

Journal of Nutrition

Journal of Nutrition Education

Lancet

Nutrition

Nutrition Reviews

Nutrition Today

These journals may prove helpful if problems arise concerning special needs of the elderly. Consult your public library or a nearby university library for these reference materials. If in doubt about any phase of the person's dietary needs, consult the physician immediately. He is ultimately responsible for the person's health.

FOOD AND NUTRITION BOARD, NATIONAL ACADEMY OF SCIENCES-NATIONAL RESEARCH COUNCIL
RECOMMENDED DAILY DIETARY ALLOWANCES,[1] Revised 1973

Designed for the maintenance of good nutrition of practically all healthy people in the U.S.A.

								Fat-Soluble Vitamins				Water-Soluble Vitamins							Minerals					
	Age (years)	Weight		Height		Energy	Protein	Vitamin A Activity		Vitamin D	Vitamin E Activity[5]	Ascorbic Acid	Folacin[6]	Niacin[7] (B$_1$)	Riboflavin (B$_2$)	Thiamin	Vitamin B$_6$	Vitamin B$_{12}$	Calcium	Phosphorus	Iodine	Iron	Magnesium	Zinc
	From: Up to	(kg)	(lbs)	(cm)	(in)	(kcal)[2]	(g)	(RE)[3]	(IU)	(IU)	(IU)	(mg)	(μg)	(mg)	(mg)	(mg)	(mg)	(μg)	(mg)	(mg)	(μg)	(mg)	(mg)	(mg)
Infants	0.0-0.5	6	14	60	24	kg × 117	kg × 2.2	420[4]	1,400	400	4	35	50	5	0.4	0.3	0.3	0.3	360	240	35	10	60	3
	0.5-1.0	9	20	71	28	kg × 108	kg × 2.0	400	2,000	400	5	35	50	8	0.6	0.5	0.4	0.3	540	400	45	15	70	5
Children	1-3	13	28	86	34	1300	23	400	2,000	400	7	40	100	9	0.8	0.7	0.6	1.0	800	800	60	15	150	10
	4-6	20	44	110	44	1800	30	500	2,500	400	9	40	200	12	1.1	0.9	0.9	1.5	800	800	80	10	200	10
	7-10	30	66	135	54	2400	36	700	3,300	400	10	40	300	16	1.2	1.2	1.2	2.0	800	800	110	10	250	10
Males	11-14	44	97	158	63	2800	44	1,000	5,000	400	12	45	400	18	1.5	1.4	1.6	3.0	1200	1200	130	18	350	15
	15-18	61	134	172	69	3000	54	1,000	5,000	400	15	45	400	20	1.8	1.5	1.8	3.0	1200	1200	150	18	400	15
	19-22	67	147	172	69	3000	54	1,000	5,000	400	15	45	400	20	1.8	1.5	2.0	3.0	800	800	140	10	350	15
	23-50	70	154	172	69	2700	56	1,000	5,000		15	45	400	18	1.6	1.4	2.0	3.0	800	800	130	10	350	15
	51+	70	154	172	69	2400	56	1,000	5,000		15	45	400	16	1.5	1.2	2.0	3.0	800	800	110	10	350	15
Females	11-14	44	97	155	62	2400	44	800	4,000	400	10	45	400	16	1.3	1.2	1.6	3.0	1200	1200	115	18	300	15
	15-18	54	119	162	65	2100	48	800	4,000	400	11	45	400	14	1.4	1.1	2.0	3.0	1200	1200	115	18	300	15
	19-22	58	128	162	65	2100	46	800	4,000	400	12	45	400	14	1.4	1.1	2.0	3.0	800	800	100	18	300	15
	23-50	58	128	162	65	2000	46	800	4,000		12	45	400	13	1.2	1.0	2.0	3.0	800	800	100	18	300	15
	51+	58	128	162	65	1800	46	800	4,000		12	45	400	12	1.1	1.0	2.0	3.0	800	800	80	10	300	15
Pregnant						+300	+30	1,000	5,000	400	15	60	800	+2	+0.3	+0.3	2.5	4.0	1200	1200	125	18+[8]	450	20
Lactating						+500	+20	1,200	6,000	400	15	60	600	+4	+0.5	+0.3	2.5	4.0	1200	1200	150	18	450	25

---

[1] The allowances are intended to provide for individual variations among most normal persons as they live in the United States under usual environmental stresses. Diets should be based on a variety of common foods in order to provide other nutrients for which human requirements have been less well defined. See text for more-detailed discussion of allowances and of nutrients not tabulated.

[2] Kilojoules (KJ) = 4.2 × kcal

[3] Retinol equivalents

[4] Assumed to be all as retinol in milk during the first six months of life. All subsequent intakes are assumed to be one-half as retinol and one-half as β-carotene when calculated from international units. As retinol equivalents, three-fourths are as retinol and one-fourth as β-carotene.

[5] Total vitamin E activity, estimated to be 80 percent as α-tocopherol and 20 percent other tocopherols. See text for variation in allowances.

[6] The folacin allowances refer to dietary sources as determined by *Lactobacillus casei* assay. Pure forms of folacin may be effective in doses less than one-fourth of the RDA.

[7] Although allowances are expressed as niacin, it is recognized that on the average 1 mg of niacin is derived from each 60 mg of dietary tryptophan.

[8] This increased requirement cannot be met by ordinary diets; therefore, the use of supplemental iron is recommended.

GUIDELINES FOR SPECIAL DIETARY NEEDS

Diabetes

This disease is caused by a lack of a hormone called insulin which is needed to use glucose.

1. The patient should have a dietary plan prescribed by a physician.
2. Sugar is omitted completely.
3. Calories are usually restricted.
4. Fats should be restricted to corn oil or vegetable margarine, oils and shortenings. Butter and lard should be omitted.
5. Insulin or hypoglycemia drugs should be administered according to physician's orders.
6. Urine can be tested for ketones if the physician advises.
7. The symptoms of insulin shock are nervousness, weakness, hunger, moistness of skin, dryness, and headache (caused by over-dose of insulin). Have concentrated sweet or hard candy available.
8. The symptoms of diabetic coma are dry, hot skin; rapid breathing; elevated blood glucose, and acetone breath (caused by too much additional food or by omittance of insulin).
9. Keep diabetic beverages (non-caloric carbonated drinks), raw vegetables like radishes, celery, boullion cubes, and artificial sweetners on hand for snacks and sweetening agents.
10. If weight can be controlled, the diabetes can be controlled also.

Low Sodium Diets for Cardiovascular Disease

1. A diet should be prescribed by a doctor as there are varying levels of sodium restriction.

*2. Sodium is found in many foods and is one of the two substances found in table salt.

3. The labels of canned and prepared foods must be checked carefully for many sodium containing compounds. Some of the ingredients are: monosodium glutomate; sodium nitrite; sodium sulfate (in baking powder) - leavening designates either baking powder or soda; and sodium propionate.

*A diet plan with foods to omit should be given to the patient.

LOW CALORIE OR WEIGHT REDUCTION DIET

1. Obesity is a major health problem of our country. It is a risk factor in diabetes and is a cardiovascular disease.
2. The elderly are susceptible to fad diets and foods proposed to bring about a youthful appearance.
3. The elderly need less calories because their activity is usually reduced.
4. The quality of the calories provided is most important. One must make sure that all the nutrients are present in the diet.
5. A doctor should be the one to prescribe weight reduction.
6. The size of the portions is cut; no food should be left out of the diet completely.
7. Raw fruits and vegetables and diet drinks make good snack foods.
8. Serve foods in kitchen rather than family style at the table. Less likely to take seconds.
9. If one has to have seconds, just give smaller first portions.
10. Keep foods out of sight.
11. Use spices and seasonings on foods rather than butter or margarine.
12. If possible increase activities. Help an elderly person take a daily walk.

Hyperlipidemia Diets

These diets are designed to control elevations of fats in the blood* A physician will diagnosis the lipid disorder. There are five types of hyperlipidemia. Basically, the factors to be considered are:

1. Polyunsaturated fats (corn oil or all-vegetable fats and oils) are recommended for use.
2. Most types require that cholesterol (found in animal food products such as eggs and meat) be restricted.
3. Calories are restricted in several types. Like in diabetes, if obesity can be controlled the hyperlipidemia problem can disappear also.
4. Carbohydrate foods, sugars and starches, are restricted for some types.
5. A booklet published by the National Heart and Lung Institute should be given to each patient. A dietician is usually called upon to instruct the patient as to the type of diet which will be most beneficial.

Gastrointestinal Problems

There are a number of illnesses which affect the gastrointestinal area. Many foods have been thought to irritate the stomach and cause pain. A great deal of research has been done to see if certain acids or rough foods add to stomach problems. The research tends to support that there are no real dangers from orange juice or tomatoes,but that if they do cause pain to an individual, then they should be avoided. An elderly person may have especially strong prejudices towards certain foods. Do not force foods on them. They may desire a fairly bland diet which can be made nutritious. Include: milk and milk products; canned fruits and vegetables; baked and braised meats; breads and cereal products; fruit juices; add raw fruits and vegetables as tolerated by the individual. Water aids digestion.

Contact a community nutritionist or write to this address for information:

U. S. Department of Health, Education and Welfare
Public Health Service
National Institute of Health (DHEW pub. No. (NIH) 75-110)

*The publication is called, Dieter, Management of Hyperlipoprokemia. Booklets available for each of the five types of hyperlipidemia.

LACK OF COMPLETE KITCHEN FACILITIES AMONG THE ELDERLY: 1970*

The National Clearinghouse on Aging has produced a tabulation from the 1970 Census of Population and Housing Public Use Sample showing the presence and absence of complete kitchen facilities for households with one or more elderly members 60 plus years of age). A complete kitchen facility is defined as one which is equipped with a sink with piped water, a range or cookstove, and a refrigerator.

The purpose of this tabulation is to provide an estimate of the number of older persons whose style of life, including their nutritional status, may be conditioned by a lack of complete kitchen facilities. The existence of complete kitchen facilities is, of course, one of several factors bearing upon nutritional adequacy for the elderly. Absence of such facilities may prevent the occupants of the housing unit from being able to properly prepare food of adequate nutritional value. For example, lack of a range would prevent the preparation of hot meals unless some alternate source of heat were available. Lack of a refrigerator would prevent the refrigeration of food, thereby greatly reducing the choice of foods which could be stored and limiting the purchase of perishable foods, many of which are basic to an adequate nutritional diet. In addition to the nutritional aspect, the convenience factor of complete kitchen facilities is also important, especially in regard to the elderly. For example, water piped into a house obviates the need for obtaining water from an alternate source such as a well and thereby lessens the hardship on the elderly who live alone and have some interference with mobility.

In 1970, almost 1.1 million elderly persons or 3.8% of all elderly persons living in households[1] were without complete kitchen facilities, about the same proportion as for persons of all ages. Analysis reveals, however, that there are striking variations from the overall proportion when the data are classified by age of head, urban-rural residence, region, and size of household.

Elderly persons living alone had a greater chance of not having complete kitchen facilities than other elderly persons who were in a position to get some form of assistance from other members of the household. Among the 6.6 million elderly persons who lived alone, 6.4% or 423,900 of them were without complete kitchen facilities, as compared to 3.1% or 573,000 of those elderly living with someone else in a household with an elderly head (Table I). This proportion was lowest for households with a head under 60 years of age. About 2.3% or 60,000 of the elderly living in such households were without complete kitchen facilities.

Regionally, a disproportionate share of the facility deficiencies were concentrated in Region IV and Region VI. Thus, the States in which over 10% of the elderly resided in housing units with incomplete kitchen facilities were: Alabama, Arkansas, Kentucky, Mississippi, and South Carolina. The only other State higher than 10% was Alaska (Table 2).

---

[1] Exclusive of those in institutions and other group quarters.

*U.S. Department of Health, Education, and Welfare, Public Health Service, Food and Drug Administration. Lack of complete kitchen facilities among the elderly (DHEW Publication No. OHD 76-20012). Washington, D.C.: U.S. Government Printing Office. 1970.

Lack of complete kitchen facilities was more prevalent in the rural areas than in urban areas, regardless of the age of the household head. Overall, 10% of the elderly in rural areas were without complete kitchen facilities as compared to only 1.5% in urban areas. Again, this differential was very dramatic in Region IV and Region VI combined where nearly 1 out of every 6 rural elderly persons lived without complete kitchen facilities. In Alabama, Kentucky, and Mississippi, at least one-fifth of the rural elderly were without complete kitchen facilities.

Accounting for the large proportion of incomplete kitchen facilities in the South may be the disproportionate share of Negro households without complete kitchen facilities. Data on households with elderly Negroes without complete kitchen facilities are not available but for all Negro households in the South, the proportion was 20%. Nationally the proportion for all Negro households was 11%.

Data on piped water rather than cookstove or refrigerator is the only measure available which can be separately identified on deficiency of complete kitchen facilities. That indicator, from the 1970 Census of Population and Housing[2] reveals (using housing units with no piped water as a proxy for elderly persons with no piped water) that 5.4% of all year-round housing units in the South and 8.7% in the rural areas had no piped water compared to the national average of 2.5%. Considering the economic situation of these areas one possible explanation for this condition of failure to have piped water could be the low income of persons, particularly the elderly, living in these areas, and the age of the housing units.

---

[2] Bureau of the Census, 1970 Census of Housing, Volume I, "Housing Characteristics for States, Cities, and Counties," Part I, U.S. Summary, Tables 3 and 10.

VII MEETING HOME MANAGEMENT NEEDS

COMPETENCIES AND OBJECTIVES

The learners will be able to:	The learners will:
1. Perform appropriate home management skills necessary to meet the needs of the aging in a home care situation.	1.1 Understand basic elements of a job agreement and demonstrate the ability to write an agreement for services for an older American client.
	2.2 Demonstrate ability to plan adaptations of housekeeping tasks to meet the special needs of aging Americans and encourage their maximum independence.
	1.3 Identify/distinguish the techniques for planning, selecting, and caring for the clothing of the elderly in the home.
	1.4 Develop procedures for assisting the aging with the management of their personal affairs.
	1.5 Formulate a schedule for carrying out the home management responsibilities.
2. Determine, plan and implement safety procedures appropriate for the home.	2.1 List, appraise and develop environmental safety procedures for the aging in home care.
	2.2 List, appraise and develop personal safety procedures for use with the aging.

CONTENTS FOR: VII MEETING HOME MANAGEMENT NEEDS

Page

COMPETENCIES AND OBJECTIVES VII-2

CONTENTS FOR MEETING HOME MANAGEMENT NEEDS VII-3

DIRECTIONS TO THE TEACHER VII-5

  Orientation to Module VII VII-6
  Evaluation of Module VII VII-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES VII-9

REFERENCES VII-27

  Books VII-27
  Pamphlets VII-27
  Articles VII-27

RESOURCES VII-28

  Film VII-28

APPENDIX A: LEARNER INFORMATION SHEETS

Home Management Agreement VII-A1
Home Management Agreement Sample Forms VII-A2
Home Management Schedule Overview VII-A3
Agreement Negotiation Situation #1 . . . . VII-A8
Home Management Agreement #1 . . . . VII-A9
Agreement Negotiation Situation #2 . . . . VII-A15
Home Management Agreement #2 . . . . VII-A16
Agreement Negotiation Situation #3 . . . . VII-A22
Home Management Agreement #3 . . . . VII-A23
Agreement Negotiation Situation #4 . . . . VII-A29
Home Management Agreement #4 . . . . VII-A30
Possible Personal Affairs Responsibilities VII-A36
A Safer Home for Mom and Dad VII-A38
Fabrics and Fire VII-A40
Don't Fall for an Accident VII-A42
Checklist for Kitchen Safety VII-A43
Safety Checklist for the Aging and the Handicapped VII-A47
Unordered Merchandise VII-A51
Protection for the Elderly VII-A53
Crimes Against the Elderly: A Continuing National Crisis VII-A57

APPENDIX B: TEACHER INFORMATION SHEETS

Housekeeping Skills Checklist VII-B1
Audio Visual Discussion Guide:
  A Matter of Seconds VII-B3

VII MEETING HOME MANAGEMENT NEEDS

DIRECTIONS TO THE TEACHER

This module assumes learners have a certain amount of basic knowledge of and ability to perform standard housekeeping tasks. If in individual conferences with the learners it is discovered there are some learners without these skills, you will need to strategize ways for them to learn the basic housekeeping skills. (See Housekeeping Skills Checklist p. VII-B1.)

The focus of the module is on using basic skills in different Home Helper situations, organization of one's job, special safety concerns, and ways the environment/tasks can be adapted to enable maximum independence on the part of the elderly/handicapped client. The need for a Home Helper to maintain a balance between doing for and enabling their clients to do things themselves will need to be rediscussed in relation to this module.

The agreement is critical to the practical application of the home management skills as they interface with the human relations skills. The agreement serves several purposes. It is a tool that can help a Home Helper organize his job, i.e., make decisions about priorities and how to manage his time on the job effectively. The decision-making and problem-solving skills will help with this part of the agreement process. (Review Module IV, Objectives 2.1). (See note below). The agreement also provides the Home Helper and the client with a structure around which needed information can be obtained and potential value differences and other conflicts can be identified and dealt with constructively. The agreement establishes a basis for mutual ongoing evaluation of the needs of the client and the job performance of the Home Helper. All aspects of affective, respectful communication, particularly the interviewing techniques, are important to the entire agreement process. (Review appropriate parts of Module IV). Finally, in those situations where a Home Helper is self-employed (rather than working for an agency), the agreement can serve as a legal contract between the Home Helper and her client. Thus, the importance of the signatures on the agreement becomes obvious. (If learners are going to be self-employed, you will want to be sure you get a lawyer's help in covering the responsibilities related to contracts at this point).

Throughout, it will be very important for the learners to remember that a Home Helper will operate within the value system of the client, being careful not to try to impose one's own values of cleanliness and orderliness upon the client. For example: one client may feel strongly that the dishes should be washed and the kitchen completely cleaned after each meal, while another client may prefer that the dishes be scraped and stacked and washed only once a day.

Note: If this is being team-taught, teachers for this module will need to meet with teachers of previous modules to get information on how this module fits with entire course, learner's needs and strengths, and resources available. Good communication with the teacher of Module IV is especially important.

One person may want the bathroom cleaned daily, another weekly. One person may have a definite pattern/schedule for seeing to all these tasks and be upset if the Home Helper changes the routine, whereas, another may want the Home Helper to do things "as needed".

Recognizing the many stresses on her client, a Home Helper will need to set aside her own values/feelings and adapt to the needs of the client in these areas. The sample agreements will provide opportunity to discuss this issue. Where there is a real conflict and the Home Helper's own feelings need to be recognized, the Technique of Openness (p. IV-A1) will be helpful in such situations.

Though not mentioned directly, time management is, of course, critical to home management and must be utilized meeting all the objectives of this module, particularly 1.4 and 1.5. The processes used in problem-solving and decision-making are helpful in working out on paper, the management of one's time. However, life is full of contingencies and seldom a day goes as planned on paper. This would therefore, be a good time to work out some type of practical experience for those learners who are not working while in training. The Older American resource person might agree to such an arrangement. Or a local nursing home or senior center might help facilitate placement of learners in a practical setting. Home visits to observe, help, and supervise those learners who are working while in training can be used effectively in conjunction with the teaching of this module.

ORIENTATION TO MODULE VII

Purposes: 1. To set the mood for the learning of this module.

2. To continue the processes of enabling learners and teachers to explore their feelings about aging and support trust within the group.

Setting the Stage:

Before the class meeting, make a poster (or have some of the learners make a poster) utilizing the following quotation by Anacreon and Anacreontics:

> Young men dancing; and the old
>   Sporting I with joy behold;
> But an old man gay and free
>   Dancing most I love to see;
> Age and youth alike he shares,
>   For his heart belies his hairs.

Materials Needed

Poster, newsprint and felt-tip markers
Materials required for Get Acquainted and Warm-up Exercise chosen.

Procedures:

The teacher will begin by facilitating a short discussion on the quotation and any other articles, poems, etc., related to aging that learners have been bringing to class for the bulletin board.

Choose the Get Acquainted Exercise from Module II or the Warm-Up Exercise from Module III not previously used that best meets the needs of your group of learners at this point and followup procedures.

When this exercise is completed, tell learners the objectives of this module and then utilize the Housekeeping Skills Checklist with the learners to determine types of help needed to facilitate learning or improving upon their basic skills. (A field trip to one of the learner's homes, or the home of one of the Older American resource persons to practice these skills is one approach).

EVALUATION OF MODULE VII

Purpose

1. To determine if the objectives of Module VII have been met by each learner.

2. To continue the process of enabling each learner to look at himself objectively and set goals for improvement and recognize his own strengths.

Setting the Stage

Provide a place for private, individual conferences (see suggestions in Module II, Evaluation, p. II-6).

Materials Needed

Post test for Module VII
Pencils and paper (or tapes)

Procedures

Administer the Post Assessment for Module VII being sure to explain its purpose and provide any learner with a reading problem with a way to do the post test (see Learners with Special Needs, p. I-B33 and Directions to the Assessments, P. I-29 for suggestions).

Have learners individually write (or tape) the following:

a. Describe how and why the home management tasks assumed by the Home Helper would vary from one client to another.

b. List of the key areas of concern in the key environmental and personal safety for Older Americans and preventive measures that can be taken in each area.

c. List community resources available to assist with safety problems.

d. Write an evaluation of the module, including things they learned which were surprising to them, noting any impact information has had on the way they will manage their own homes and identifying how they feel information could be presented more effectively.

In private individual conferences with each learner, utilizing the results of the Post Assessment, written lists and evaluations, and revised home management schedules, determine if he has met each objective of Module VII. If a learner has not accomplished all of the objectives of this module, plan with him how he can meet the objective(s) and when another joint evaluation will take place. Write up a summary of the conference, to be placed in the learner's folder and signed by both teacher and learner, that includes the following:

Objectives obtained;
Objectives not obtained, plans for their attainment;
Any other particular needs and strengths of the learner.

Note: If the curriculum is being team-taught, the teacher for the next module needs to be introduced at the beginning of the evaluation process and to sit in on the conferences to insure continuity.

COMPETENCY-BASED

TEACHING MODULE

COMPETENCIES	OBJECTIVES
The learner will be able to:	The learners will:
1 perform appropriate home management skills necessary to meet the needs of the aging in a home care situation.	1.1 understand basic elements of a job agreement and demonstrate the ability to write an agreement for services for an older American client.

SUGGESTED STRATEGIES

The teacher will:

1.1.1 provide the learners with sample agreements. Lecture to the class on the following:

1) importance of negotiating an agreement at the time of employment;
2) things to take into consideration in establishing a working agreement;
3) basic elements of the agreement; and if appropriate to learner group;
4) legal contractual aspects of agreement.

Facilitate a discussion on lecture content. Include with discussion ideas about alternative situations which factors would necessitate different types of agreements. Focus on the feelings of helpers about the tasks agreed on, as well as the needs of situation in the context of the goal of assisting the client to maintain maximum independence.

Have learners do one of the following:

a) Visit with older American resource person and discuss with them problems in home management with which they need help, or others they know. Negotiate and write a sample agreement to provide home helper services to the older American resource person. Present a summary of the visit with the resource person and agreement provisions, asking for questions and suggestions from other learners and teacher. Rewrite as needed.

OR

b) Divide class into pairs and have each pair decide on two different situations in which an agreement will be written. (Utilize Profiles,

REFERENCES AND RESOURCES

BOOKS

2 Interpersonal speech-communication: Elements and structures, ch. 12.

6 Working with older people, vol. III: The aging person: Needs and services, ch. 5.

3 Independent living for the handicapped and the elderly.

ARTICLES

9 Interviewing the ill aged.

APPENDIX: Home management agreement, p. VII-A1.

APPENDIX: Home management agreement (sample form), p. VII-A2-A7.

APPENDIX: Four sample cases and agreements, pp. VII-A8-35.

COMMUNITY RESOURCES
- Social Worker
- Visiting Nurse
- Welfare Worker
- Professional yard care/gardening service
- Laundry
- Cleaners
- Coin-operated laundromats
- Coin-operated cleaners
- Professional cleaning service
- Professional maid service
- Service organizations (Girl Scouts, Boy Scouts, Campfire Girls, Rotary, etc.).
- Local Bar Association

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform appropriate home management skills necessary to meet the needs of the aging in a home care situation. (Cont'd)	1.1 understand basic elements of a job agreement and demonstrate the ability to write an agreement for services for an older American client. (Cont'd)
	1.2 demonstrate ability to plan adaptations of housekeeping tasks to meet the special needs of aging Americans and encourage their maximum independence.

The teacher will:

1.1.1 (Cont'd)
Module IV, appendix p. IV-A12-A20, to stimulate ideas). Each learner negotiates and writes an agreement for one of the situations, the partner playing the role of the client in the negotiation. Have each learner present their agreement, with appropriate information on the situation background, to the class for questions and suggestions. Learner rewrites agreement as needed.

1.2.1 provide learners with list of housekeeping tasks they might be expected to perform and information on ways/techniques/environment/care are adapted to encourage maximum independence on the part of the client.

Have learners do a or b below:

facilitate visits with older American resource person so learners can discuss the following;

a) ways a Home Helper might be offensive to an older person while they perform these tasks;
b) ways a Home Helper could encourage independence on the part of the older client by working together on housekeeping tasks, involving other family members/friends, etc.

Have each learner report on and discuss the visit. In reports ask learners to note especially ways the resource persons might have adapted regular housekeeping procedures in her environment to enable her to take care of more of her own needs. Have learners specify ways they, as Home Helpers, would manage the housekeeping tasks for the resource persons including:

1) which tasks the Home Helper would do;
2) which tasks the Home Helper would assist the resource person in doing;
3) which tasks the Home Helper might get a relative, friends, or a professional service to do, and
4) what adaptations of the environment would need to be made.

BOOKS

3 Independent living for the handicapped and the elderly.

6 Working with older people, vol. III: The aging person: Needs and services, ch. 5.

5 Homemaker health aide service: Training manual, part VIII, pp. 70-73.

PAMPHLETS

8 Simplified housekeeping directions for homemakers, pp. 2-23.
Additional up-to-date pamphlets and booklets can be obtained from some of the community resources.

COMMUNITY RESOURCES:

Cleaning professional maid service
Professional yard/gardening service
Appliance repair service
Gas/electrical company
U.S. Department of Agriculture Home Economist Extension Service

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform appropriate home management skills necessary to meet the needs of the aging in a home care situation. (Cont'd)	1.2 demonstrate ability to plan adaptation of housekeeping tasks to meet the special needs of aging Americans and encourage their maximum independence. (Cont'd)

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.2.1 (Cont'd) OR	
a) Visit with older American resource person and discuss with them problems in home management with which they need help, or others they know. Negotiate and write a sample agreement to provide home helper services to the older American resource person.	Same as for 1.1.1
Present a summary of the visit with the resource person and agreement provisions, asking for questions and suggestions from other learners and teacher. Rewrite as needed.	
OR	
b) Have learners divide into 3 to 5 small groups. Ask each group of learners to develop two profiles of situations where a Home Helper might be hired for different types of home management/housekeeping needs. Provide each group with several specifics to serve as a springboard for their work, e.g., wheelchair-bound person who has always baked own bread; person who must now use walker who has always taken pride in keeping own home; person who has lost use of right hand who took pride in "setting a pretty table," etc. (See Profiles in Module IV, appendix, p. A-12-A20 for other ideas).	
Have each group develop ways a Home Helper would manage home management/housekeeping tasks for each profile, including	
1) which tasks the Home Helper would do; 2) which tasks the Home Helper would assist the client in doing; 3) which tasks the Home Helper might get a relative, friend, or a professional service to do, and 4) what adaptations of the environment would need to be made.	

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform appropriate home management skills necessary to meet the needs of the aging in a home care situation. (Cont'd)	1.3 identify/distinguish the techniques for planning, selecting, and caring for the clothing of the elderly in the home.

SUGGESTED STRATEGIES

The teacher will:

1.3.1 provide learners with information about

1) how to assess wardrobe of older person in relation to adequacy for use and care needs; mending, cleaning and laundry.
2) techniques of cleaning and laundry;
3) ways to encourage elderly to continue to select daily clothing for optimum enjoyment and comfort.

have learners do a or b below:

a) facilitate visits with older American resource person. Have learners discuss with their resource persons their own clothing preferences and needs, noting especially resource person's feelings about their attire and about having someone assist with care/selection of clothes. Have learners report on their visits. Note on newsprint main points learned. Compare and contrast feelings expressed by different resource persons.

OR

b) have learners share experiences they have had with older persons focusing on type of clothing, attitudes toward their clothing and the possibility of having someone assist with care/selection of clothes. Explore learners' own feelings about their own clothing and the idea of having someone else "go through" their clothes or select clothes for them.

Summarize.

Then based on group discussion, have each learner develop two profiles of older Americans, one male and one female, for whom the learner plans daily, weekly and seasonal care of their clothing. The learner should specify in each situation what the Home Helper would do himself, what the Home Helper would

REFERENCES AND RESOURCES

BOOKS

3 Independent living for the handicapped and the elderly, chs. 3, 7, 8, 12 and 13, Appendices D, E.

Up-to-date pamphlets and booklets can be obtained from some community resources.

COMMUNITY RESOURCES

Utility Companies Home Economics Services
Sewing Machine Companies Information Services
U.S. Dept. of Agriculture Home Economist Extension Service
Cleaners/Laundry
Professional Seamstress
Coin-op Cleaners/Laundry

MATERIALS

Newsprint
Felt-tip pen

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform appropriate home management skills necessary to meet the needs of the aging in a home care situation. (Cont'd)	1.3 identify/distinguish the techniques for planning, selecting, and caring for the clothing of the elderly in the home. (Cont'd)
	1.4 develop procedures for assisting the aging with the management of their personal affairs.
	1.5 formulate a schedule for carrying out the home management responsibilities.
2 determine, plan, and implement safety procedures appropriate for the home.	2.1 list, appraise, and develop environmental safety procedures for the aging in home care.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.3.1 (Cont'd) encourage older Americans to do, what might be done by family, friends or professional/commercial laundry or dry cleaners, etc.	
1.4.1 provide the learners with the list of Possible Personal Affairs Responsibilities (appendix, p. VII-A36). Go over list with class, encouraging discussion of the following: 1) types of situations where these would be appropriate; 2) how these tasks can be performed to encourage maximum physical and psychological independence on the part of older persons; 3) resources available to assist Home Helper (e.g., family members, friends, church/service groups, older persons' own strengths, rehabilitation services, specialized telephone company equipment, etc.); 4) other needs they might identify. Throughout discussion, use examples from their older American resource persons' needs/situations; profiles; and/or experiences learners and teacher have had with older family members or friends.	APPENDIX: Possible personal affairs responsibilities, p. IV-A36. COMMUNITY RESOURCES Rehabilitation Office Telephone Company Nursing Home and/Social Worker Church/Service Groups
1.5.1 lead a discussion of alternate ways of approaching the scheduling of the responsibilities in 1.2-1.4 above. Utilize the schedule section of the Home Management Agreement to demonstrate one way to approach scheduling. With entire group of learners, work out schedule for two or three of the Agreement Situations provided in the Appendix, using different ways of approaching scheduling. Problem-solving and decision-making skills learned in Module IV should be helpful in this discussion.	APPENDIX: Home management agreement, p. VII-A1. APPENDIX: Home management agreement (sample form), p. VII-A2-A7. APPENDIX: Four sample cases and agreements, pp. VII-A8-A35.
2.1.1 show a film on the importance of providing a safe environment for the aged and some of the safety procedures necessary.	FILM 10 A matter of seconds, pp. VII-B3.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 determine, plan and implement safety procedures appropriate for the home. (Cont'd)	2.1 list, appraise, and develop environmental safety procedures for the aging in home care. (Cont'd)

The teacher will:

2.1.1 (Cont'd)

Facilitate a discussion on the film, listing on chalkboard or newsprint all the areas that must be evaluated to ensure a safe environment for the elderly in the home. The discussion will include, but not be limited to, the following:

a) throw rugs, floor surfaces, stairs;
b) safety rails on beds, bath areas, steps;
c) electrical wiring;
d) appliances, heaters, stoves, air conditioners, fans;
e) walkers, chemical toilets, special equipment.

Invite a representative of the local fire and civil defense departments to discuss special concerns for the elderly and infirm.

Discussion should include, but not be limited to, the following:

a) fire escape routes and procedures;
b) reactions to natural disasters peculiar to the geographic region, e.g., tornado, hurricane, earthquakes, etc.;
c) how to use a home fire extinguisher.

Provide learners with pamphlets on home safety. Allow time for learners to read materials and lead a discussion on the content of these pamphlets relating it to concrete situations of which they are aware either through visits with Older American resource person, or their own aging relative. Note any similarities or differences among situations discussed as to types of safety problems. Discussion will also include how to use appliances safely as well as checking to assure correct functioning and preventive measures (e.g., collection of trash, etc.).

BOOKS AND MANUALS

6 Working with older people, vol. III: The aging person: Needs and services, ch. 5.

1 Geriatrics: A study of maturity, pp. 114-121.

COMMUNITY RESOURCES

Representative from local fire and civil defense departments.

PAMPHLETS

7 Consumer information.

8 Simplified housekeeping directions for homemakers.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 determine, plan and implement safety procedures appropriate for the home. (Cont'd)	2.1 list, appraise, and develop environmental safety procedures for the aging in home care. (Cont'd)

The teacher will:

2.1.1 (Cont'd)

At close of discussion, post on newsprint safety check list and rate areas of safety concerns in order of priority for different situations, i.e.,

- person who uses walker
- person in wheelchair
- person who is bedridden
- person who has lost partial sight
- person who has lost use of arm/hand
- person who cannot speak clearly or loudly, etc.

Have learners take safety check list and go in pairs to evaluate

1) their own home for given family needs;
2) their own home if older person with one or more handicaps lives there (they should specify what handicaps);
3) home of older American resource person or home of an individual in local Meals-on-Wheels program.

Have each person in the pair do their evaluation without consulting other learner; then when evaluations are complete, compare evaluations and make out one that reflects combined observations.

Have learner pair give brief report on their evaluations noting especially

1) main areas of pair agreement;
2) similarities/differences in safety needs discovered in each environment evaluated;
3) any pattern of observation tendencies in each learner.

Lead a discussion on ways one can develop procedures to maintain a safe environment for the elderly in home care based on needs identified. Have each learner develop a plan for ensuring a safe environment in each of the situations they checked for safety above. Go over their plans with each learner, making suggestions/raising questions as needed. Use resources in Appendix for additional help.

MATERIALS

Newsprint
Felt-tip pens

APPENDIX: A safer home for mom and dad, p. VII-A38-A39.

APPENDIX: Fabrics and fire, p. VII-A40-A41.

APPENDIX: Don't fall for an accident, p. VII-A42.

APPENDIX: Checklist for kitchen safety, p. VII-A43-A46.

APPENDIX: Safety checklist for the aging and the handicapped, p. VII-A47-A50.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 determine, plan and implement safety procedures appropriate for the home. (Cont'd)	2.2 list, appraise and develop personal safety procedures for use with the aging.

SUGGESTED STRATEGIES

The teacher will:

2.2.1 invite law enforcement officer, person from Better Business Bureau, District Attorney's Office and Social Security Office to discuss personal safety problems common to older Americans, e.g., burglary of home, pick-pockets, purse snatchers, con-artists, fraudulent business deals, fraudulent goods/services misleading direct mail advertising, etc.

Ask each guest to not only give an overview of the problems in their areas of experience, but also provide information on current local problems and local resources for preventing theft, being conned, being sold fraudulent goods/services, etc.

Allow plenty of time for questions and discussion.

Based on the information from the panel members and the discussion, have the learners develop 4 to 6 "cases" to present to the panel for their responses on what to do in each situation. Some of the cases should be focused on potential hazards so that panel can respond with preventive procedures and some cases should be after the fact so that panel members can provide information on how to respond to these "emergencies". Allow time for questions and discussion after each case.

Summarize.

REFERENCES AND RESOURCES

BOOKS
4 Older Americans: Special handling required, pp. 78-92.

PAMPHLETS
7 Consumer information.

APPENDIX: Protection for the elderly. FTC buyer's guide, No. 9, p. VII-A53.

COMMUNITY RESOURCES
Law enforcement officer
Representatives from Better Business Bureau, District Attorney's Office, and Social Security Office

APPENDIX: Unordered merchandise, p. VII-A51.

APPENDIX: Crimes against the elderly: A continuing national crisis, p. VII-A57.

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

1 Caldwell, E., & Hegner, B. R. *Geriatrics: A study of maturity*, Albany, New York, New York: Delmar Publishers, 1975.

2 Keltner, J. W. *Interpersonal speech-communication: Elements and structures*. Belmont, California: Wadsworth Publishing Co., Inc., 1970.

3 May, E., Waggoner, N. R., & Hatte, E. B. *Independent living for the handicapped and the elderly*. Boston, Massachusetts: Houghton Mifflin Co., 1974.

4 Tiven, M. B. *Older Americans: Special handling required*. Washington, D.C.: National Council on the Aging, 1971.

5 *Homemaker health aide service: Training manual* (DHEW Pub. No. (OHD) 74-20103). Washington, D.C.: U. S. Government Printing Office, 1974.

6 *Working with older people, Vol. III: The aging person: Needs and services*. (DHEW Pub. No. (HRA) 74-3118). Washington, D.C.: U. S. Government Printing Office, n.d.

PAMPHLETS

7 *Consumer information*. Pueblo, Colorado. Public Documents Distribution Center, 1975.

8 Department of Housing and Urban Development. *Simplified housekeeping directions for homemakers*. Washington, D.C.: U. S. Government Printing Office, n.d.

ARTICLES

9 Bloom, M., Duchon, E., Frires, G., Hanson H., Hurd, G., & South, V. Interviewing the ill aged. *The Gerontologist*, Winter 1971, Part 1, pp. 292-299.

RESOURCES

FILMS

10 Gerontological Film Collection, North Texas State University Main Library. A matter of seconds (MP421). Denton, Texas 76203: Author, 1962. (Color, rental, 16mm, 30 min).

Module VII
Appendix A

Strategy 1.1.1
1.5.1
1.1.2

HOME MANAGEMENT AGREEMENT

NEED

The position of the Older American's Home Helper is new in our society. Many persons seeking the services of a Home Helper may have misconceptions about what this person may be expected to do. Some may view the Home Helper as a glorified maid who, unless otherwise made clear, will be expected to work 10 to 12 hours a day, six or seven days a week and do everything for the older American.

The communication necessary to negotiate an agreement all parties can sign should clarify such issues and insure against either exploitation of the Home Helper or unmet needs of the client.

PURPOSE

The purposes of writing an agreement at the time of employment are as follows:

1) Clarify for all parties what tasks Home Helper will (will not) be responsible for.
2) Clarify who is paying for services and who is the responsible party in case of an emergency or in the event the client dies.
3) Assess the needs, interests and strengths of that particular client in relation to the abilities, strengths and interests of that particular Home Helper.
4) Provide a structure for periodic re-evaluation based on changing characteristics and needs of the client.

Copies - There will always need to be at least two copies of the Agreement, one for the client and one for the Home Helper. In addition, if services are paid for by someone other than the client, the person(s)/agency paying for the services will need a copy.

SUMMARY

The agreement is not to be used as an inflexible contract by either client or Home Helper. It is a tool which can be utilized to protect the Home Helper from exploitation, to insure the client that desired services will be done by the Home Helper or arranged to be done by someone else, and to define financial responsibility clearly. There may be times when changing circumstances necessitate that a new agreement be negotiated. However, more than a well written agreement, respect for one another as persons, open communication and flexibility on the part of both Home Helper, client and family members are keys to a good working relationship as situations change.

Strategy 1.1.1
1.5.1
1.1.2

HOME MANAGEMENT AGREEMENT
(Sample Form)

Client's Name: ____

Home Helper's Name: ______________________ **Days/Hours of Work** _____

Person/Agency responsible for Home Helper's Salary: ____________________

____

Person/Agency responsible in case of accident/death of client: ____________

____

Client Needs	Client Strengths/Interests

815

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

HOME MANAGEMENT SCHEDULE OVERVIEW

Daily

Weekly

Periodically

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility				
Area	Tasks	Client	Home Helper	Frequency		
				D	W	P
Safety						
Food Purchase, preparation and clean-up:						

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility				
		Client	Home Helper	Frequency		
				D	W	P
House Cleaning						
House Maintenance						

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility				
Area	**Tasks**	**Client**	**Home Helper**	**Frequency**		
				D	W	P
Laundry & clothing upkeep/purchase:						
Correspondence & bill paying & banking:						
Yard:						

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
Miscellaneous						

Client's Signature:______________________________

Home Helper's Signature:______________________________

Signature of person responsible for payment if other than client:______________________________

Date:______________________________

Agreement Negotiation Situation #1

Thelma Bryson is 72 years old. She has been a widow for 9 years. She lives in a small, frame two bedroom house that until her recent stroke she has always taken pride in keeping immaculate. She also has lots of pot plants and a flower garden and likes to keep plants/flowers around the house.

Since the stroke she has regained the use of her right leg, though she tires easily. However, the use of her right arm and hand has not returned, causing difficulty in dressing, caring for her personal grooming, and in getting her housekeeping tasks done. Also payment of bills and banking have been complicated.

A neighbor comes once a week to take her dirty clothes and wash them at a nearby laundromat. Her only living relative is a daughter, 48, who comes one week-end a month to visit. Thelma loves to cook and has been unhappy with the meals provided by the Meals on Wheels. Her daughter has hired a Home Helper to come three days a week.

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Home Management Agreement #1

Client's Name: Thelma Bryson

Home Helper's Name: Jan Traylor Days/Hours of Work MWF 8-5

Person/Agency responsible for Home Helper's Salary: Clarice Bryson Lee

Person/Agency responsible in case of accident/death of client:
Clarice Bryson Lee

Client Needs

Exercises to strengthen right hand and arm

Adjustment of environment so most meals can be prepared at home

Adjustment of clothes to make dressing self easier

Adjustment of environment to enable her to do more of own housework

Immaculately kept house
Assistance with plant and flower garden care

Help in recognizing, accepting limits due to stroke

Assistance with bill payment, banking, etc.

Client Strengths/Interests

Alert, motivated to do for self

Takes pride in self and home

Enjoys living things - plants, flowers, etc.

Interested in what's happening in world

Looks forward to visits from friends and daughter

Home Management Schedule

Daily

Weekly

Periodically

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility Client	 Home Helper	Frequency D	 W	 P
House Cleaning	Dusting	X				
	Vacuuming, sweeping & mopping		X			
	Clean tub and toilet		X			
	Clean basin	X				
	Change linens		X			
	Wax floors monthly		X			
	Polish silver pieces	X with assistance	X			
	Sweep front sidewalk		X			
	Adapt environment /tools so client can do more things herself		X			
	Take out trash/garbage		X			
House Maintenance	Call for servicing of furnace and air conditioner	X				

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility					
Area	Tasks	Client		Home Helper	Frequency		
					D	W	P
Safety:	Evaluate environment for safety	X	and	X			
	Attach non-skid strips to back of throw rugs			X			
	Call plumber to install safety rail on tub	X					
Food Purchase, preparation and clean-up:							
	Plan menus	X	and	X			
	Shop for food			X			
	Set and clear table	X					
	Prepare food and put-in small containers so client can heat, etc.			X			
	Adjust environment/tools so client can be more self-sufficient			X			
	Wash dishes	X					
	Keep refrigerator and stove clean			X			
	Mop floor			X			
	Take out trash/garbage			X			
	Wipe off counter tops	X					
	Clean Sink			X			

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
Laundry & clothing upkeep/purchase:	Adjust clothing so client can be more self-sufficient in dressing.		X			
	Take clothes to cleaners		X			
	Mend clothes as needed		X			
	Prepare list of clothes that need to be purchased for daughter's visit		X			
	Have laundry ready for friend		X			
	Put away clean clothes	X				
Correspondence & bill paying & banking:	Sort mail and open on instructions of client		X			
	Write out checks to pay monthly bills except signature, then facilitate client's signing checks		X			
	Purchase stamps, etc.		X			
	Have banking things ready for daughter to take care of on her visits	X and	X			
Yard:	Get Scout/Y-teen to help with yard and flower garden under client's supervision.		X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility		Frequency		
Area	Tasks	Client	Home Helper	D	W	P
Miscellaneous:	Purchase bulb type watering syringe to exercise client's right hand while watering plants		X			
	Assist with watering of plants	X	X			
	Encourage friend who does laundry to come to visit		X			
	Find out information on local garden club for client to decide if she would like to join or not		X			
	Arrange for transportation to club meetings/drive around town to see spring, etc. flowers in bloom		X			

Client's Signature:

Home Helper's Signature:

Signature of Person Responsible for Payment if other than Client:

Date:

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Agreement Negotiation Situation #2

Joshua Williams, 79 a retired minister, recently lost his wife, Esther, to a sudden coronary. He had always depended upon her for doing everything around the house, and even helping select his clothing. She kept a neat, but not "fussy" house, with lots of hand-made items that personalized it.

Since her death he has tried to take over and do things for himself, but has had several minor accidents and one small grease fire in the kitchen. His son and daughter visited recently and were most upset at the accumulated dust, garbage, dirty linens, etc. Their father said he did not want help, that he did not want "another woman" in Esther's house.

However, he did finally agree that he didn't like the house in the mess it was in and doesn't want Esther's "pretties" to be ruined through lack of care.

His sight has grown worse, making it impossible to read. Also, he can no longer drive himself to the Church Services on Wednesday night and Sunday. This is the only contact he has had with other people since his wife's death.

He agreed that a full-time Home Helper could be hired on a three-month trial basis.

Module VII
Appendix A
Stragegies 1.1.1
1.5.1
1.1.2

Home Management Agreement #2

Client's Name: Joshua Williams

Home Helper's Name: David Roberts Days/Hours of Work M-F, 8-5

Person/Agency responsible for Home Helper's Salary: Son, Joshua Williams - 1/2, Son, Aaron Williams - 1/4; Daughter, Sara Williams McDougel - 1/4.

Person/Agency responsible in case of accident/death of client:

Aaron Williams

Client Needs	Client Strengths/Interests
Neat house, kept the way Esther had it,	Very alert and active within sight limitations
Learn how to do as many of housekeeping tasks as he can,	Wants to learn how to do for himself
Someone to read his daily Bible lessons and other things to him,	Interest in church activities
Respect for and care of Esther's hand-made pillows, wall hangings, etc.	
Better able to recognize and accept consequences of sight limitations.	

Home Management Schedule

Daily

Weekly

Periodically

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility		Frequency		
Area	Tasks	Client	Home Helper	D	W	P
House Cleaning	1st 6 weeks					
	Dusting	X with assistance				
	Sweeping, vacuuming & mopping		X			
	Wax floors		X			
	Clean bathroom	X with assistance				
	Sweep front porch & walk		X			
	Trash & garbage		X			
	Adapt environment/tools so client can do more things himself, including organizing supplies & labeling with color code and large bold print letters	X	X in consultation with			
	Polish silver pieces	X with assistance				
			X			
	2nd 6 weeks					
	Dusting					
	Sweeping, vacuuming and mopping					
	Clean bathroom	X with assistance				
	Trash & garbage		X			
	Polish silver pieces					
	Sweep front porch & walk		X			
House Maintenance	Check filters in central heat/cool system		X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
Safety	Evaluate house & make recommendations for changes needed especially to take into consideration sight loss	X	X in consultation with			
Food Purchase, preparation and clean-up:	1st 6 weeks					
	Arrange for Meals-on-wheels		X			
	Organize kitchen for supper & breakfast preparation with color-coded, large bold print letter labels	X	X in consultation with			
	Plan menus	X and	X			
	Purchase food weekly		X			
	Prepare food in larger quantities & put in individual freezer-oven dishes for heating		X			
	Set and clear table	X				
	Wash dishes	X				
	Sweep/mop floor & keep stove & refrigerator clean		X			
	2nd 6 weeks					
	Client begin doing all of above with assistance/instructions from Home Helper					

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
Laundry & clothing upkeep/purchase:	1st 6 weeks					
	Change linens		X			
	Get dirty clothes together weekly to take to laundry/cleaners	in consultation with				
	Put away clean laundry					
	Arrange clothes in drawers & closet in order to facilitate Client's dressing in things that match					
	Make list of things that need to be purchased on son's next visit.					
	2nd 6 weeks					
	Change linens					
	get dirty clothes together weekly to be taken to laundry/cleaners	X with assistance				
Correspondence & bill paying & banking:						
	Open mail and read it to client		X			
	Write answers dictated by client		X			
	On instruction of client write out checks to pay bills except signature and facilitate client's signing checks		X			
	Purchase stamps, etc.		X			
	Get transportation to take client to bank once a month		X			
Yard:						
	Arrange for members of youth group at church to mow yard		X			

		Division of Responsibility				
Area	Tasks	Client	Home Helper	Frequency		
				D	W	P
Miscellaneous:	Arrange for someone from church to pick up client and take him to church services		X			
	Arrange for tapes for blind of newspaper, books, etc.		X			
	Read daily Bible verses to client		X			
	Arrange for volunteer(s) from church who will pick up laundry each week		X			

Client's Signature:________________________

Home Helper's Signature:________________________

Signature of Person Responsible for Payment if Other Than Client:________________________

Date:________________________

Module VII
Appendix A
Strategies 1.1.1
1.5.1
1.1.2

Agreement Negotiation Situation #3

Sally Tate is a 65 year old widow. Before her husband's death two years ago, she had always had someone come in twice a week to do the cleaning and laundry. She liked to cook and have friends over for lunch, tea, or dessert,but she really does not like to do housework.

In fact, never having done it she really does not know how to do these tasks very well. She likes to sew, do needlepoint and embroidery. Also, she had started painting the last two years before her husband died.

He had owned his own small hardware store and unknown to his wife did not have any savings. She was able to sell the store for a modest sum but is not a good money manager and that has all been used up.

She is now having to try and manage on her social security benefits alone. To manage she has had to stop cooking and go on the Meals-on-Wheels program. The last three months her Meals-on-Wheels people have found her house getting in worse and worse shape, her clothes clean, but unironed and sometimes faded from improper washing. Each time they bring her meal, however, she insists they come in and see her latest piece of needlepoint or embroidery. She has made some lovely designs. The case worker from the Senior Center has obtained a Home Helper through the Welfare Dept. to come in every morning for a month and then 2 mornings a week.

Module VII
Appendix A
Strategies 1.1.1
1.5.1
1.1.2

Home Management Agreement #3

Client's Name: Sally Tate

Home Helper's Name: Joyce Jones

Days/Hours of Work: 1st Month M-F 8-1 P.M. Thereafter M & Th. 9-1

Person/Agency responsible for Home Helper's Salary: Welfare Dept.

Person/Agency responsible in case of accident/death of client: Welfare Department

Client Needs	Client Strengths/Interests
House kept neatly	Alert in good condition physically
Clothes properly cared for	Likes people
Budget and money management help	Creative and talented in her needlework & painting
Outlet for her needlework & painting	Likes to cook
Re-establish contact with friends	
Help working through last of grief over loss of husband	
Help adjusting psychologically to new financial status	

Home Management Schedule

Daily

Weekly

Periodically

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
House Cleaning	Picking up	X				
	Dusting		X			
	Sweeping, vacuuming, mopping		X			
	Clean bathroom weekly		X			
	Wipe out basin daily	X				
	Polish silverware & silver pieces		X			
	Trash & Garbage		X			
House Maintenance	Check filters in air conditioners		X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility Client	 Home Helper	Frequency D	 W	 P
Safety:	Evaluate house for safety and make any necessary adjustments	In consultation with X	X			
Food Purchase, preparation and clean-up:	Plan menus on budget using food stamps and noon meals at Senior Center 5 days a week (cost 6.25 wk.) ($180.00 mo. is her total income)	X	X			
	Keep stove and refrigerator clean		X			
	Keep kitchen clean	X				
	Evaluate recipes client usually uses and find nutritious, low cost recipes to serve one		X			
	Once a month cook up large quantities to freeze in individual containers for heating & eating later	X				
	Grocery shopping once every two weeks	X and	X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
Laundry & clothing upkeep/purchase:	Washing and ironing		X			
	Put away clean clothes	X				
	Mending	X				
Correspondence & bill paying & banking:	Plan budget and set up schedule for taking care of business matters	X with assistance from	X			
Yard:	Find member of Senior Center volunteer group or Scout to take care of yard under client's supervision		X			

Module VII
Appendix A

Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility		Frequency		
Area	Tasks	Client	Home Helper	D	W	P
Miscellaneous:	Find local store that will sell client's needlework on consignment and let client know of this option. Take client to store to work out the arrangements if she is interested.		X			
	Encourage client to invite some of her friends over on a Sunday afternoon		X			
	Encourage client to go to the Senior Center each day for some of their activities as well as the daily meal		X			
	Explore possibility of client giving needlework lessons to other interested persons at the Senior Center, the local Y, or through a local church.		X			

Client's Signature:____________________

Home Helper's Signature:____________________

Signature of Person Responsible for Payment if Other Than Client:____________________

Date:____________________

Agreement Negotiation Situation #4

Elijah and Lorene Edwards, 73 and 69, live on a farm 15 miles from the nearest town. Their nephew lives about 3 miles away and he recently started running the farm for them. They still like to have a large vegetable garden every year and freeze and preserve the produce to use during the winter.

They have always worked together in the house, in the garden, and until recently, on the farm. They did not have any children of their own but have many nieces, nephews, great-nieces and great nephews who live in the area and come to visit on Sunday afternoons.

They always went to the city (about 75 miles away) for two weeks each winter to shop, go to the Museums, library, theatre, etc. They have a lot of momentos of these trips, photos of all the relatives, and other things they have saved over the years that are important to them. (e.g. newspaper clippings of Pearl Harbor, D-Day, etc., several of their wedding presents, pieces nieces have embroidered or knitted for them,etc.)

They have been very active in their church and have seldom missed church or prayer meeting.

There are crocheted or tatted cloth doilies on every table, chest of drawers, arms of sofas and chairs, etc. They have always kept a neat house with everything in its place.

A month ago Lorene fell off the tractor while they were plowing the plot for the garden and crushed her hip. She is back home but is wheelchair bound. Elijah has just lost his driver's license, because of failing eyesight. He also tends to be forgetful and has left the kitchen stove on all night long a couple of times.

He cannot lift Lorene in and out of the wheelchair by himself.

The family members come by as often as they can, but since they all are busy on their own farms cannot tend to Elijah and Lorene full time. They have hired a Home Helper to come in full time.

Strategies 1.1.1
1.5.1
1.1.2

Home Management Agreement #4

Client's Name: Elijah and Lorene Edwards

Home Helper's Name: Ruth Davis Days/Hours of Work M-F, 8-5

Person/Agency responsible for Home Helper's Salary: Elijah Edwards

Person/Agency responsible in case of accident/death of client:

Nephew: Mo Edwards

Client Needs	Client Strengths/Interests
House kept clean and neat without disturbing usual order of things	Independent, cheerful people Want to do for selves as best as they can Active in gardening Active in church Relatives who care and try to help Interested in what's happening in the world Read newspapers, news magazines, books, etc.
Help with menu planning and grocery shopping	
Help with vegetable garden and freezing/canning of produce	
Help getting Lorene in and out of wheelchair	
Adaptation of house so Lorene can do more things from wheelchair	
Adaptation of Lorene's clothes to make dressing easier	
Transportation to church	

Home Management Schedule

Daily

Weekly

Periodically

844

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
House Cleaning	Dust, including momentos	L and	adapted tools			
	Sweep and mop and vacuum		X			
	Change doilies	E	and X			
	Polish silver candlesticks	L				
	Clean bathroom		X			
	Sweep front porch	E				
	Burn trash		X			
	Compost	E				
House Maintenance	Have nephew check house regularly for possible repairs	X reminded by	X			
	Change filters in central heating/cooling system		X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

Area	Tasks	Division of Responsibility		Frequency		
		Client	Home Helper	D	W	P
Safety	Evaluate house for safety and wheelchair need adaptations	in consultation L & E	X			
	Have relatives help make necessary changes	L & E with support	X			
Food Purchase, preparation and clean-up:						
	Plan menus	L & E	X			
	Cook main meals	L with assistance by	X			
	Set table	L				
	Clear table	E				
	Wash dishes	E				
	Keep stove and refrigerator clean		X			
	Rearrange kitchen so Lorene can reach things from wheelchair	E with assistance from	X			
	Freeze and preserve produce from garden	L & E	X			
	Grocery shopping		X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility		Frequency		
Area	**Tasks**	Client	Home Helper	D	W	P
Laundry & clothing upkeep/purchase:	Collect dirty clothes	E				
	Sort dirty clothes	L				
	Wash & hang out		X			
	Iron	L				
	Put away clean clothes	E				
	Get things together to be taken to cleaners by one of relatives once a fortnight/or as needed	E (with assistance from)	X			
	Mend clothes	L with assistance	X			
	Make adjustments on L's clothes so she can dress more easily with Elijah's help		X			
Correspondence & bill paying & banking:	All matters - Elijah and Lorene with assistance from nephew					
Yard:	Arrange for relatives to take turns helping Elijah with yard and garden	E with support	X			
	Help take Lorene out on front porch or on yard near garden when weather permits	E and	X			

Module VII
Appendix A
Strategy 1.1.1
1.5.1
1.1.2

		Division of Responsibility		Frequency		
Area	Tasks	Client	Home Helper	D	W	P
Miscellaneous:	Arrange for relative/friend to take the Edwards to church every Sunday	E with support	X			
	Help put Lorene in wheelchair each morning and in her bed each evening M-F	E and	X			
	Organize newspapers, news magazines and books from library by Lorene's side of bed so she can read to Elijah.		X			
	Arrange to have one of the relatives take books back and forth to library in town weekly.	L with support	X			
	Arrange to have a relative help Elijah put Lorene in and out of wheelchair Sat. and Sun.	E with support	X			
	Make card file of emergency and most used numbers in large bold print for telephone		X			

Client's Signature:____________________

Home Helper's Signature:____________________

Signature of Person Responsible for Payment if Other Than Client:____________________

Date:____________________

POSSIBLE PERSONAL AFFAIRS RESPONSIBILITIES

1. Correspondence

   A. Personal
      1. Read to person who cannot see well
      2. Write replies, as dictated, for persons who can no longer do this themselves
      3. Open letters and hold or otherwise fix so person without adequate use of hands/arms can read own correspondence
      4. Arrange for family members, friends, and/or minister to come in and take care of correspondence regularly
      5. If older person is receiving little personal correspondence and most family members/friends are deceased, explore possibilities of "adopted" grandchild/friend to send cards, notes regularly (Girl/Boy Scouts, Church Youth Groups, Y teens, Church Service organizations) classes, other elderly persons (RSVP, AARP, NART, etc. members, etc.)

   B. Business Bills

      1-4 as above; also
      5. Collect needed information for older person and responsible family member to make decisions
         e.g., estimates of repair costs on appliances, plumbing, TV etc. call Social Security Office to verify authenticity of mailings that claim to be changes in Medicare, Medicaid, etc. payments/services
         call bank to get information on check balance, etc.
      6. Keep accurate bookkeeping records of cash purchases made for older person at grocery store, pharmacy, dry goods, or department store, etc.
      7. Go over, explain and on their direction, write out checks to pay monthly bills, and provide disabled older person with most convenient, comfortable way to sign checks
      8. See that responsible family member takes care of regular monthly bills, possibly forwarding bills to appropriate person as directed.
      9. Assist, as directed by older person or responsible family member, with newspaper, magazine subscriptions, club memberships, keeping current library cards, senior citizens passes, etc.
      10. Work out system for petty cash accountability so Helper will not be accused of stealing.

2. Other

Make beauty parlor/barber shop appointments
Read out phone numbers for older person who can still use phone, but cannot see numbers, even in large print
Make card file at phone side of most frequently used and emergency numbers in large, bold print - color cue emergency numbers.

Dial phone number for older person who cannot dial for themselves. Hold phone, or have phone adapted, so they can talk.

Arrange with family members, friends, church group, etc., for transportation to appointments, club meetings, etc.

Make phone calls to arrange visits of friends.

Work out system of care of small valuables by older person, family members so Home Helper will not be suspected or accused of stealing.

Module VII
Appendix A
Strategy 2.1.1

A SAFER HOME FOR MOM AND DAD*

With a little ingenuity, any home can be made safer for our loved ones who are no longer as agile or whose senses are no longer as sharp as they once were. This booklet contains a few hints to help you make life safer for Mom and Dad. No doubt you can think of many more.

FALLS cause more injuries among older people than any other accident.

- Provide enough light switches so they don't have to grope through dark rooms, halls, or stairways.
- Light stairways and provide sturdy handrails on both sides.
- Provide strategically-placed grab bars in the bathroom near tub, shower, and water closet.
- Adjust heights of beds and chairs so they're easy to get in and out of.
- Encourage the wearing of well-fitting shoes and clothing that doesn't dangle or trail.
- Supply storage they can reach (between hip and eye level).
- Remove slipping and tripping hazards: toys, throw rugs, and low furniture arrangements.
- Have a place for everything and keep everything in its place.
- Wipe up spills, and pick up objects immediately.

BURNS provide their share of misery and suffering for the elderly.

- Mark the control settings for kitchen ranges in large letters for easy reading.
- Make sure that the gas range has an automatic pilot light for the oven as well as the burners.
- Choose electric appliances which have indicator pilot lights that shine when unit is on.
- Bring electrical wiring up-to-date by repairing or replacing any frayed or broken appliance cords and plugs, and by adding enough outlets to handle electrical loads.
- Install guards or screens on heating devices which might come in contact with parts of the body.
- Discourage the wearing of loose, flimsy garments around sources of flame or heat, such as kitchen ranges, fireplaces, and space heaters.
- Select cooking utensils that are lightweight, and have flat bottoms and insulated handles.
- Insist on a "no smoking" rule when anyone is lying down.
- Provide large, deep ashtrays for the smoker.
- Provide and point out easy escape routes in the event of fire.

---

*Texas Safety Association, Inc.

ACCIDENTAL POISONING is a threat at any age, but it becomes more critical as sight, taste, and smell diminish.

... Never store such products as medicines, cleaning agents, or pesticides near foods and spices.
... Prepare special medicine labels with extra large letters for those with poor sight.
... Pour medicines from side opposite the label to keep exterior of bottles clean.
... Paste or glue bits of sandpaper on the bottles and caps of medicines that are not to be taken internally.
... For extra protection, draw a large red X on external medicine labels.
... Store internal medicines separate from external medicines.
... Keep a light handy on the nightstand.
... Measure out only one night's supply of pills at a time for the nightstand.

FABRICS & FIRE

Texas Safety Association, Inc.

Fabrics decorate our homes and protect us from cold, heat and moisture. Fire is present in our homes when we strike a match, turn on the burners on the range, smoke a cigarette, use a room heater or fireplace for warmth, or burn the trash. What happens to fabrics when they come in contact with fire? Burning results. The injuries caused by burning fabrics or clothing are one of the most painful and costly accident problems in the country today.

BEFORE YOU BUY HERE IS WHAT YOU SHOULD KNOW ABOUT CLOTHING AND DECORATING FABRICS

CLOTHING FIRES

Basic Fiber or Fibers - all fibers will burn under certain conditions. Synthetic fibers are usually less flammable than the fibers of cotton, linen, silk and rayon. The property of some synthetics to actually melt and form a syrupy liquid or a sticky, tar-like substance can also produce deep localized burns. Blends of different fibers into one fabric will have varying properties of burning depending on the fibers used.

Weight and Weave of Material - the manner in which fabrics are woven can affect their burning rate. Tightly woven, heavy fabrics will burn more slowly than sheer, lightweight, loosely woven fabrics.

Surface of the Fabric - a napped fabric with air space between loose, fine fibers will ignite much more readily than a smooth surface. Generally speaking, fabrics with shorter pile, greater density, and uncut loop construction will be less likely to burn than fabrics with a high fluffy pile.

Design of the Garment - Close fitting garments are less hazardous from a fire standpoint than loose fitting ones. Flowing robes, flaring skirts, blousy sleeves, and ruffles and frills on garments are more likely to be ignited in situations involving careless use of fire. Therefore, garments worn by men and boys are usually safer than those worn by girls and women.

REACTION OF FIBERS TO FIRE

Glass - This fiber in its natural color is noncombustible, although glass fabrics will burn when treated with certain finishes or blended with some flammable fiber.
Wool - The least flammable of the natural fibers, wool is slow to ignite and is naturally somewhat flame-resistant.
Silk - Silk in its natural state is not very flammable but materials added to give body as well as its construction affect its burning rate. Sheer silk will burn more readily than a heavy silk yarn.
Modacrylics - These synthetics (Verel, Dynel)* burn only when in contact with flame. Once ignition source is removed they are self-extinguishing.
Saran - These synthetics (Rovana, Velon)* soften and char when exposed to flame, but will not support combustion.
Nylon - The rate of burning varies with the type of weave. Nylon melts before burning. Some forms of nylon (Nomex)* are flame resistant.

Texas Safety Association, Inc.

Olefins - These synthetic fibers (Herculon, Polycrest, Volpex)* do not resist flames, but burn slowly when directly exposed to ignition source.

Polyesters - Synthetic fibers (Dacron, Fortrel, Kodel, Trevira)* will burn as long as ignition source is present; self extinguishing when removed. If blended with a more flammable fiber they continue to burn.

Acrylics - (Acrilan, Creslan, Orlon, Zefran)* These synthetic fibers melt and generally burn at a slower rate than either cotton, rayon or acetate.

Acetate - Synthetic fibers of acetate and triacetate (Chromspun, Celanese, Acele, Arnel)* are slower burning than cellulose fibers, but are moderately flammable, and melt before burning.

Cellulose - Rayon fibers are basically cellulose; therefore rayon has very much the same burning characteristics as cotton and linen. All burn readily unless treated with chemicals to make them flame-resistant.

* Trademarks

Approximately 2000 deaths and over 100,000 disabling injuries each year result from clothing fires. The most frequent victims of clothing fires are children and elderly people. Children are burned when their clothing is ignited by matches or cigarette lighters, stoves and heaters, or outdoor fires. Adults set their clothes on fire while using stoves carelessly, warming themselves at fireplaces and heaters, or falling asleep while smoking.

Medium and heavy weight smooth fabrics, fabrics that burn slowly, or fabrics that are flame retardant or treated with a permanent flame retardant finish are wise choices when selecting clothing or decorating fabrics.

Although a permanent or commercial treatment of fabrics to make them flame retardant is more desirable, it is possible to flameproof cotton fabrics - particularly costumes for children - with a temporary solution. Fabrics should be saturated with a solution consisting of 7 ounces of borax, 3 ounces of boric acid, and two quarts of water, and then allowed to drip dry. If the garments are dampened by rain or washed the fire retardency is lost.

WHAT TO DO IN CASE OF CLOTHING FIRES:

Never run or remain standing if your clothing catches fire. Drop and lie down where you are. If indoors, drop to the floor and roll into a rug. If no rug is available use a heavy article such as a coat or wool blanket. If outdoors, drop and roll on the ground.

HOW TO TREAT BURNS:

Plunge burned skin in ice water keeping area submerged until the pain disappears. Or apply towels that have been soaked in ice water. Don't put greasy ointments on burns. Call your doctor immediately if burns are serious.

DON'T FALL FOR AN ACCIDENT *

Falls have always been a leading cause of accidental deaths, and today are outranked only by motor vehicle accidents. More than one-fourth of all accidental deaths actually are due to falls. The number of nonfatal injuries is estimated at more than a million.

METHODS OF PREVENTING FALLS - Adults, as well as children, should keep floors and stairs clear. If possible, there should be adequate and conveniently located storage space for all tools, playthings and utensils.

Keep floors and steps in good repair. Keep carpet and linoleum edges from becoming loose, frayed or curled.

Keep those scatter rugs away from the head of the stairs; skidproof them wherever you use them.

Use a rubber mat in the bathtub or shower. Provide a wall hand hold.

...Be sure you are physically able to jump or climb.
...Don't attempt to do difficult tasks when tired. Avoid fatigue.
...Report fall hazards. Eliminate them.
...Always watch where you are walking.
...Climb on a sturdy stepladder, or stepstool. Never climb on shaky boxes, stacks of books, table edges or rickety chairs.
...Keep stairways and hallways well lighted and free from objects. Don't rush up or down and don't carry loads that are so bulky that you can't see the steps. Make haste slowly.

IF YOU MUST FALL - FALL RIGHT

As with everything else, there is a wrong way and a right way to fall.

One way is to follow your natural instinct as you fall. You tense up, resist, put out a hand, straight-arm to take up the shock. THIS IS THE WRONG WAY.

The other way is to fall the way athletes, acrobats, and paratroopers are trained to fall. Don't resist. Instead, relax, go limp, try to roll as you land, easing yourself down with bent arms. THIS IS THE RIGHT WAY.

It's not easy to go against the natural instinct to tighten up. But if you think about it enough, let it sink deeply into your subconscious mind, you could help it become an automatic response - a sort of conditioned reflex.

Think about it. In your imagination, act out situations in which you fall - and let your muscles respond.

RELAX - GO LIMP - ROLL - it could save your life.

*Texas Safety Association, Inc.

CHECKLIST FOR KITCHEN SAFETY

.... Check Your China and Glassware ....

In order to prevent breakage of china and glassware and the cuts that may result from them, do you:

	NO	YES
arrange for storage of glass china near sink (or dishwasher or point of first use (e.g., mixing bowls near food preparation center, serving dishes near range, table service near kitchen or dining room table)?	____	____
carry only small amounts at one time; use trays, racks or carts wherever possible?	____	____
not stack glass tumblers one inside another?	____	____
put silverware in glass tumblers or pitchers (usually when setting or clearing table)?	____	____
always drain a sink or pan before attempting to remove broken glass from it?	____	____
place broken glass in a waste container from which it can be removed without hand picking (one that can be dumped or one that has a disposable bag liner)?	____	____
not use glassware for storage of tacks, pins, insecticides, and/or cleaning and washing powders or liquids?	____	____
discard chipped or cracked china and glass immediately?	____	____
sweep up broken bits of china and glassware into a dustpan with a brush or dampened paper - NEVER pick up broken pieces with bare hands?	____	____

.... Check Your Portable Electric Appliances ....

When using portable or "plug in" kitchen appliances, are you careful to:

Keep the plug out of the outlet when the appliance is not in use?	____	____

*Texas Safety Association, Inc.

	NO	YES
dry your hands before plugging in appliances or using those already plugged in?		
switch the appliance off before unplugging it?		
switch the appliance off and unplug it before starting to clean it? (Don't even wipe it with a damp cloth unless it is unplugged!)		
have worn appliance cords replaced?		
not wind appliance cords around any appliance that is still warm?		
not let appliance cords dangle or trail through water?		
keep motors of mixers, blenders, choppers, grinders and peelers dry?		
not fill a deep fat fryer closer than three inches from the top?		
remove excess moisture from food before dropping in deep fat fryer to prevent fat from spattering?		
not overload the kitchen electrical circuit by using too many appliances at one time?		
never put a fork or knife into a plugged-in toaster to remove bread? (Unplug it, then remove bread).		

.... Check Your Ranges, Ovens and Broilers ....

In using ranges, do you:

	NO	YES
keep handles of all pots and pans turned back out of the reach of children, but not over burners in use?		
lift the side of the pan lid that is furthest from you to observe cooking food in order to avoid steam burns?		
avoid hanging curtains, pot holders, dish towels and laundry over or near flames and electric burners?		

	NO	YES
In using ovens and broilers, do you:		
stand to one side to light a gas oven?	____	____
after lighting a gas oven, always check to be sure that the gas is ignited before closing the oven door?	____	____
to prevent small fires which may occur in cooking vessels, ovens, or broilers from flaring up and igniting the kitchen, do you:		
have a dry chemical or carbon dioxide (CO_2) fire extinguisher near the range and know how to use it?	____	____
know how to smother a fire in a cooking vessel? (Use the lid to cut off air from the fire or a dry chemical or CO_2 fire extinguisher. Never try to use flour, water or other materials to extinguish a grass fire).	____	____
.... Check Your Knives and Can Openers		
In order to avoid cuts, do you take the following precautions:		
remove can lids completely?	____	____
use a wedge type opener for cans of juice and other liquids?	____	____
use a revolving type can opener that makes a clean cut (rather than a pry-type that leaves a jagged edge)?	____	____
when using a knife, always cut away from yourself?	____	____
when handing a knife to another person, hand it with the handle towards him?	____	____
keep knives not in use in a knife holder?	____	____
keep knives you are using out of the reach of small children?	____	____
never place anything over knives lying on flat surfaces (e.g., towels, napkins)?	____	____
never reach for a falling knife (pick it up after it hits the counter or floor)?	____	____

	NO	YES
keep the cutting edge of the knife turned away from you when you clean or dry it?	____	____
wash knives separately from silverware, dishes and other utensils?	____	____

.... Check Your Floor Cleaning and Maintenance ....

Do you observe the following kitchen floor care practices? To prevent falls:

make sure that door and floor mats or small rugs are firmly anchored (tacked down, rubber backed or coated)?	____	____
never leave cleaning equipment (brooms, mops, etc.,) leaning against the wall they can easily slide down to become tripping hazards?	____	____
thoroughly mop floor at least weekly?	____	____
wipe up spilled food, liquids, and grease immediately?	____	____

Module VII
Appendix A
Strategy 2.1.1

SAFETY CHECKLIST FOR THE AGING AND HANDICAPPED

This checklist was prepared with the hope that through understanding, awareness, forethought, and caution, the nation's 17-million persons over 65 and millions of others who have physical handicaps may be kept safe from accidents. The few minutes spent in giving "Yes" or "No" answers to the following questions can contribute materially toward preventing injuries caused by carelessness or by hazards of household or highway. Thoughtful action may mean years of difference in many millions of lifetimes as well as good housekeeping and safety for the whole family.

The questions should be answered by ALL members of the family,the able-bodied, as well as the handicapped or aging person.

BUT,REMEMBER FIRST: Safety relates directly to security. The family that develops a realistic and helpful attitude and recognizes that the aging and the handicapped may require some simple adaptations in the home as well as consideration of their special problems will foster the happiest and most rewarding relationships. The feeling of being wanted, needed, and appreciated contributes to the maintenance of physical, mental, and emotional well-being and undergirds safety for all.

At the same time, older or handicapped persons can nurture this necessary climate of mutual respect by accepting philosophically the limitations imposed by their age or handicap, by visiting their doctor regularly, and by following his directions faithfully. By developing new interests and hobbies, they will maintain independence. By finding ways to be helpful in the family group, they will maintain feelings of usefulness. By understanding and appreciating the thoughtful precautions taken in their behalf, they will help make safety a practical part of everyday living.

(Items with * are especially applicable to persons over 65 and those with physical handicaps.)

GENERAL HOUSEHOLD:	NO	YES
*1. Are strong bannisters or railings placed along each stairway, high enough to prevent a person from toppling over them?......		
2. Are stairs, halls, and exits free from clutter?		
3. Are floors free of rough places, and are linoleums and rugs free of holes?...		
4. Are throw rugs eliminated or fastened down?.................		
5. Is floor wax of the slip-resistant type?....................		
6. Are rapidly closing doors eliminated?.......................		
7. Are interior doors equipped with safety release locks so they can be opened from either side in case of emergency ?.........		
8. Are electrical cords run under rugs, furniture, or doors or across the floor?..		

Prepared by the National Society for Crippled Children and Adults.

		NO	YES
9.	Are electrical cords in good condition?		
10.	Are electrical circuits overloaded with too many appliance attachments?		
*11.	Are all areas such as basement and attic stairs well lighted?		
*12.	Are nightlights placed in the bedroom-bathroom area and in halls?		
*13.	Is a flashlight used for entry into dark rooms if light switch is not within easy reach?		
14.	Are pennies or nails ever used to replace fuses?		
15.	Are open fires always screened?		
16.	Are lighted candles kept away from walls and curtains?		
17.	Are matches and cigarettes completely extinguished before discarded?		
18.	Is a sturdy stepladder used for reaching?		
19.	Is furniture arranged to allow free movement in heavy traffic areas?		
*20.	Is heavy furniture equipped with casters?		
*21.	Is storage space easy to reach in areas where often-used items are stored?		

KITCHEN AND LAUNDRY:

		NO	YES
22.	Are pan handles turned toward back of stove?		
*23.	Are corners on cabinets, counters, and furniture rounded or protected?		
24.	Are drawers and cupboard doors kept closed?		
25.	Are cooking ranges situated away from curtained windows?		
*26.	Is a light located over the stove and sink?		
*27.	Are pots and pans too large and heavy?		
28.	Are matches lit before gas is turned on?		
29.	Are pot holders used instead of apron corners and dish towels when cooking?		
*30.	Are short or close-fitting sleeves worn when cooking or are wide sleeves fastened back with pins or rubber bands?		
*31.	Are aprons free from loose ties, fancy pockets, or trailing sashes?		
*32.	Are grease and liquids wiped up immediately when spilled?		
33.	Are knives kept in special holders instead of in drawers?		
*34.	Are electrical appliances disconnected when not in use?		
*35.	Are wheeled carts or baskets used to carry dishes from the table to the sink and laundry from the washer to the clothesline or dryer?		
36.	Are wringers equipped with safety releases?		
37.	Are cleaning fluids, polishes, bleaches, detergents, and all poisons stored separately and clearly marked?		
*38.	Is heavy lifting avoided?		

BATHROOM:

		NO	YES
*39.	Are hand grippers installed in the bath tub and shower and at the toilet?		
*40.	Are non-slip rubber mats placed in bath tub and shower?		
*41.	Is bath or shower temperature checked with hand before showering or bathing?		

		NO	YES
42.	Are clothes hooks hung above or below eye-level to prevent face and eye injuries?		
43.	Is automatic water heater equipped with temperature control?		
44.	Is a first-aid kit available at all times?		
45.	Are medicines clearly labeled when they are for external use only?		
46.	Are medicines taken in the dark or without reading the label first?		
*47.	Is just one night's supply of pills taken from the medicine chest and placed at bedside?		
48.	Are prescription medicines discarded when the illness for which they were prescribed is over?		
49.	Are razor blades carefully wrapped or dropped into disposal slots when discarded?		
50.	Are electrical cords ever allowed to get wet?		
*51.	Is light located within easy bedside reach?		
52.	Are cigarettes smoked in bed?		
53.	Are room heaters turned off at bedtime?		
54.	Is room always adequately ventilated while heaters are operating?		
*55.	Are legs tested for numbness before rising?		
*56.	Is balance regained before standing up when dizziness occurs?		
*57.	Are shoes kept well tied and worn for household activities instead of bedroom slippers?		

BASEMENT:

		NO	YES
*58.	Are hazardous tools and firearms kept locked?		
*59.	Are protective clothing or devices worn as needed at workbench?		
*60.	Is lighting adequate over workbench?		
61.	Are kerosene, gasoline, or other explosive fluids used to start fires?		
62.	Are furnace, chimney, and flues inspected and cleaned regularly by furnace experts?		
*63.	Is a wheeled cart used to carry trash outdoors?		

YARD AND OUTDOORS:

		NO	YES
64.	Are porch railings secure?		
*65.	Are ramps installed where needed?		
66.	Are steps and sidewalks clear of tools, toys, and ice and snow?		
*67.	Is heavy shoveling left for stronger persons?		
*68.	Are all holes such as cisterns or drains kept covered?		
*69.	Are clotheslines strung above head height?		

CAR:

		NO	YES
*70.	Are you physically fit to drive?		
*71.	Do you know the rules of the road?		
*72.	Do you observe them?		
73.	Are piles of clothing, books, etc. removed from rear window ledge?		
74.	Are brakes, steering, and other features essential to safety kept in good repair?		

	NO	YES
75. Are seat belts properly installed and used?.................		

AND FINALLY:

	NO	YES
76. Do you know first aid?......................................		
77. Do you know where to get medical help quickly?..............		
78. Do you know where your nearest hospital is?.................		
79. Do you and all members of the family know how to call the fire department and police?..................................		
80. Does your family have an escape plan in case of fire, with alternate routes to safety, and does each member of the family know what to do?....................................		

If you have answered "Yes" to all of these questions except 8, 10, 14, 27, 46, 50, 52, and 61, which should be answered "No", you are alert to the dangers that surround you. And, more important, you know the ways in which to avoid accidents to yourself and your family. If "No" answered any other questions on the checklist, be careful. Keep yourself and your loved ones safe!

Module VII
Appendix A
Strategy 2.2.1

UNORDERED MERCHANDISE

FEDERAL TRADE COMMISSION Buyer's Guide No. 2

WISE UP!

Have you received merchandise in the mail you didn't want and didn't request? Most consumers have had this experience.

The problems that arose from this sales practice caused Congress to legislate against the mailing of practically all types of unordered goods. The law concerning this appears as Section 3009 of the Postal Reorganization Act, passed August 12, 1970.

Before the law was enacted by Congress, the FTC had considered issuing a Trade Regulation Rule dealing with the practice of sending merchandise to a person without his previous request or consent. However, since Section 3009 of the law incorporates the full thrust of the proposed Rule, the Commission's action became unnecessary.

Moving under authority of the FTC Act - specifically, Section 5, which prevents unfair methods of competition - the FTC is vigorously enforcing the ban on unordered merchandise. Under the enforcement agreement between the Commission and the Post Office Department, postal authorities are referring complaints about unordered goods to the FTC so that it can take the necessary action to stop violations. The Commission is also finding violations through its own investigations, as well as through complaints made directly to the FTC by businessmen and consumers.

If violators do not voluntarily halt their mailings or agree to Commission cease and desist orders stopping them, the FTC can "take the cases to court." Such court action, as well as failure to respect agreed-to cease and desist orders, can result in steep fines against the businessmen or corporations involved.

WHAT THE LAW MEANS TO YOU

There are only two kinds of merchandise that can be sent legally through the mails to a person without his consent or agreement:

- Free samples which are clearly and plainly marked as such.
- Merchandise mailed by a charitable organization asking for contributions.

In either of the above cases you can consider the merchandise as a gift if you like. In all other instances, it is illegal to send merchandise to anyone unless he has previously requested it.

Should you receive unordered merchandise of any kind, take it as a gift. You do not have to pay for it, and it is illegal for the person or firm sending it to you to dun you for it or send you a bill.

If you are aware of any violations or if you personally have difficulty with unordered merchandise, or are tormented with statements demanding payment for such, contact the:

Federal Trade Commission
6th St. & Pennsylvania Avenue, N.W.
Washington, D.C. 20580

Or contact the nearest FTC field office.

FTC FIELD OFFICES

The field offices are located in the following cities:

Atlanta, Georgia
Boston, Massachusetts
Buffalo, New York
Charlotte, North Carolina
Chicago, Illinois
Cleveland, Ohio
Dallas, Texas
Denver, Colorado
Detroit, Michigan
Honolulu, Hawaii
Kansas City, Missouri
Los Angeles, California
Miami, Florida
Morgantown, West Virginia
New Orleans, Louisiana
New York, New York
Oak Ridge-Knoxville, Tennessee
Philadelphia, Pennsylvania
Portland, Oregon
St. Louis, Missouri
San Antonio, Texas
San Francisco, California
Seattle, Washington
Washington, D.C. area field office

Look under Federal Trade Commission in the telephone directories of these cities for the addresses and telephone numbers of the field offices.

Permission is granted to reprint this leaflet, in whole or in part, in a legal and non-deceptive manner.

PROTECTION FOR THE ELDERLY

FTC Buyer's Guide No. 9

Of the over 18 million people in the U. S. who are 65 or over, a great many are prime targets for ads that offer: quick profits on investments, how to dance, "cure all" pills, and get-rich-quick schemes of all kinds.

The aches and pains of older people, their need for extra income, their vanishing hopes for a retirement home in the lands of warmth and sun, and their gratitude for attention make them easy targets for false advertising and slick salesmanship.

Illegal operators and hit-and-run peddlers entice older people into such schemes that drain them of their life savings.

Sons or daughters can help their parents or older friends in these cases. Seek and maintain their confidence so you can prevent them from becoming victims of nefarious plans that milk them of their savings.

The salesmen who argue that opportunity cannot wait, that it is a limited offer, that you must sign now are the ones who cannot stand an investigative check.

Stand your ground! These are the ones you should investigate thoroughly.

What are the false and misleading claims that appeal to the elderly? The FTC has found some time-tested favorites (and new ones are born as fast as the opportunity offers). Here are the principal ones to keep your eye on.

HEALTH CLAIMS

The old time medicine men who sold magical cure-alls and pain killers (often high in alcohol or opium) have all but disappeared.

However, selling of false hope in the health field has not disappeared. It has simply kept pace with the times.

This doesn't mean that many useful remedies are not being marketed. They are, and the claims made for them are fully justified. It is significant that the labels on medications must not exaggerate their usefulness.

Significant too is the appeal by the peddlers to the fears of the elderly that proper medical diagnosis and treatment would be too expensive, and the person should turn to the new "astounding discoveries" offered by the peddlers.

One of the principal deceptions aimed at the elderly is the "cure" for arthritis and rheumatism. It is a favorite because 12 million Americans have some form of it.

The FTC's position, backed by competent medical authority, is that no arthritis remedy now known is capable of giving any more than temporary relief from the disease.

You can help stiffen the defenses of elderly people against medical quackery if you will:

1) Invite and listen attentively to their description of their ailment.
2) Encourage them to have a diagnosis made by competent medical authority.
3) Insist on (2). Sound advice, given but once, can be easily ignored.

EXTRA INCOME CLAIMS

There are many legitimate opportunities advertised. But the genuine offers can stand investigation.

Knowing that many elderly people are hard pressed to stretch their retirement income to cover even the barest necessities, the fast buck operators are all too anxious to sell at a cruel price, false hope for extra income.

The FTC has discovered a pattern to these deceptive offers. The approach is by an advertisement promising excellent, even spectacular profits for easy spare time work. Frequently the ad appears in the "Help Wanted" columns of newspapers.

But before the person can start collecting his profit there is usually an investment of money needed for inventory or the purchase of say - a vending machine.

Legitimate vending machine operations are handled by manufacturers selling only to companies who have expertise in vending machine operations.

Should you become interested in a vending machine operation or some other product - investigate first with a market test.

Ask operators of restaurants and stores in your neighborhood if they would like to have an elderly person responsible for servicing the machine.

Talk with your banker, Better Business Bureau, or anyone you have confidence in to see if you are on the right track.

Get all the facts before you invest your money.

LANDS IN THE SUN

Before rushing to purchase a retirement home in some advertised area investigate.

Elderly people whose appetite for a retirement home has been whetted by the advertising of a mail order land developer, would do well to consult with a lawyer or a real estate agent.

Thirty-five states have some kind of land sale transaction laws. Fifteen states and the District of Columbia have none.

The Department of Housing and Urban Development (HUD) administers a law that affects mail order sales of land of 40 or more unimproved lots, for sale or lease, in interstate commerce.

Before you purchase land,contact the proper state agency in which the land is located or HUD, Office of Interstate Land Sales Registration, Washington, D.C. 20411 and learn about the seller.

MISCELLANEOUS DANGERS

Dancing Instruction. Most dance studios provide instruction well worth the money. However, some use unethical high pressure salesmanship to entice the elderly.

The FTC has found these spurious selling schemes in operation: bogus contests, fanciful testimonials, and sales tactics in which teams of salesmen work in relays to batter down resistance.

Investigate thoroughly before you invest your money.

Referral Selling. This method leads the buyer to believe that by giving the seller names of friends as propects he will be able to get a discount on what he is buying, depending on the number of his friends who buy the product.

Sometimes the buyer pays more for the product than he would if he had gone to a reputable merchant.

Book Publishing. There is nothing wrong with subsidized book publishing. Many a book whose subject material is of limited interest could not otherwise be published.

Where the chicanery creeps in is where the publisher understates the true nature of his business.

The so called "Vanity" publishers also exact tolls from older people. Senior citizens who have nursed an idea to publish a book, or a widow who wished to have her husband's book published could be caught in this trap.

The vanity press will publish a book for a price. Often they do not inform the person that he is paying for publishing the book, plus a profit to the publisher.

Many people are sold on the idea that the book will become a best seller.

One way to find if the book has merit is to send it to several reputable publishers and find their reaction.

Correspondence Schools. While the vast majority of schools will give the student his money's worth, there are always a few interested in the fee only. Their advertising sometimes skips over the requirements a student should have and dwells on the high salaried jobs available to graduates.

Investigate before you join. Talk with a school authority, or a person in the profession and find if you can get employment when you have finished the course.

SUMMARY

The foregoing are the principal areas of deception which might trap the elderly, but not all. Others are still to be conceived.

When deception has occurred it is usually too late or too costly to get a refund. And the fly-by-night operators do not have permanent addresses.

City and state authorities can levy fines and imprison the culprit if their ordinances and laws empower them to do so. The FTC can bring stern measure to bear, but the FTC has only the authority to issue orders to cease and desist from the illegality.

To punish law violators is small compensation to the senior citizen who has lost his savings. Far better that he or she avoid the pitfall in the first place.

If your investigation of any promotion schemes convinces you that chicanery is being used, by all means contact and report it to the Better Business Bureau, to the Post Office Department, or to the Federal Trade Commission.

Look under "Federal Trade Commission" in the telephone directories of these cities for the addresses and telephone numbers of the field offices.

FTC REGIONAL OFFICES & FIELD STATIONS - The field offices are located in the following cities:

Atlanta, Georgia; Boston, Massachusetts; Charlotte, North Carolina; Chicago, Illinois; Cleveland, Ohio; Dallas, Texas; Denver, Colorado; Honolulu, Hawaii; Kansas City, Missouri; Los Angeles, California; Miami, Florida; New Orleans, Louisiana; New York, New York; Oak Ridge, Tennessee; Philadelphia, Pennsylvania; San Antonio, Texas; San Francisco, California; Seattle, Washington; Washington, D.C. area field office.

Permission is granted to reprint this leaflet, in whole or in part, in a legal and nondeceptive manner.

Crimes Against the Elderly: A Continuing National Crisis

By Jack Goldsmith and Noel E. Tomas

In certain respects a crime against an older person may be considered simply as if it were a crime against a person of any age, and, indeed, traditionally this has been the case within the criminal justice system. The traditional view approaches the impact of criminal victimization rather narrowly in terms of financial deprivation and physical impairment.

However, there is a growing recognition that there is a distinctiveness about crimes against the elderly, and that, when considered broadly in terms of the physical, economic, social and psychological impact, these crimes warrant treatment as a special category.

The case for singling out the elderly victim from the general population for special attention may be summarized as follows:

1. There is a high incidence of reduced or low income among the elderly. Thus, the impact of any loss of economic resources is relatively greater.

2. Older people are more likely to be victimized repeatedly—often the same crime and the same offender.

3. Older people are more likely to live alone. Social isolation increases vulnerability to crime.

4. Older people have diminished physical strength and stamina; hence, they are less able to defend themselves or to escape from threatening situations.

5. Older people are far more likely to suffer from physical ailments such as loss of hearing or sight, arthritis and circulatory problems which increase their vulnerability.

6. Older people are physically more fragile and more easily hurt should they opt to defend themselves. For example, bones are more easily broken, and recovery is more difficult. Thus, they are less likely to resist attackers.

7. Potential criminals are aware of the diminished physical capacity and the physical vulnerability of the elderly and are thus more likely to seek out an elderly target (whose aged status is easily visible.)

8. There is a greater likelihood that older people will live in high crime neighborhoods rather than in suburbia as a result of diminished income and of being rooted in central cities. Thus, they find themselves in close proximity to the groups most likely to victimize them—the unemployed, teenage drop-outs.

9. The dates of receipt by mail of monthly pension and benefit checks (and hence the dates when older people are most likely to have cash on their person or in their dwelling) are widely known.

10. Dependency on walking or on public transportation is more likely among older people who, for physical, financial or other reasons, are less likely to drive or own a private automobile.

11. There is evidence that older people are particularly susceptible to fraud and confidence games.

12. Older people have the highest rates of the crime of personal larceny with contact (theft of purse, wallet or cash directly from the person of the victim, including attempted purse snatching).

13. Awareness of increased vulnerability to criminal behavior has a chilling effect upon the freedom of movement of older Americans. Fear of criminal victimization causes self-imposed "house arrest" among older people who may refuse to venture out of doors. Furthermore, even in those situations where the fear of being victimized may be somewhat exaggerated or unwarranted by local conditions, the effect on the older persons is just as severe as when the fears are justified.

14. Because of a loss of status and a decreased sense of personal efficacy associated in American culture with being old, older people may be less likely to process complaints through the criminal justice bureaucracy and to draw upon available community resources for protection and redress.

Continuing National Crisis

Older people receive no special consideration from potential victimizers; in fact, their special vulnerability serves as a green light to criminals. They are subject to the same kinds of crimes as the general population although at differing rates. Based on extensive research in Kansas City, Carl L. Cunningham of the Midwest Research Institute concludes:

> Of the more serious crimes against the elderly, burglary is the predominating major offense, as it is country-wide. It is followed by robberies—both armed and strong-arm, grand larceny, auto theft, nonviolent purse snatches, assaults, rapes and sexual molestations, and homicides, roughly in that order.

Present findings clearly indicate that this is a nationwide problem that is particularly serious in the larger cities of America. In this sense, the matter of crimes against the elderly is an integral aspect of what has been termed "the urban crisis." The elderly tend to be concentrated in older neighborhoods in close proximity to the very elements of society that are most likely to victimize them.

Furthermore, the kind of personal calamity that is experienced by the aged victim of mugging, burglary or purse snatching is not essentially different from the crimes that often follow in the wake of collective calamities such as civil disorders or natural disasters when looting and personal assault are constant threats. For the individual victim, the personal disaster—the loss, the injury, the psychological blow— is of the same order as the larger disaster. In fact, the impact of criminal victimization may be greater under "normal conditions" when the incident happens in isolation. In large disasters, the aged victim can at least take some comfort in the fact that he is not alone in his troubles, and that there is a national spotlight on the problem and, hence, sympathy and emergency relief on the way. The isolated aged victim of criminal behavior—so often alone—out of depression and frustration very often does not even report the crime.

Psychological Impact

There are two dimensions to the threat of criminal victimization: the actual threat and the perceived threat. Both dimensions have a negative impact on the individual. The fear of being victimized can shape the daily life of an older person. The fear of freely moving about in the community deprives the older person of a basic American right. A common adaptation to the perceived threat of criminal victimization, documented most notably in low cost housing projects, is a form of self-imposed incarceration where the terrorized remain behind locked doors refusing to venture out unless absolutely necessary. Elaine M. Brody of the Philadelphia Geriatric Center has written of the psychological consequences of actual victimization:

> The importance of the particular legal problem lies not only in its intrinsic importance, but in its personal and psychological significance. The landlord who raises the rent excessively, the salesman who exploits, the health quack whos deceives, the "con" man who fleeces, inflict wounds to pride and dignity as well as to purse and person. Violence injures not only the physical self, but reinforces feelings of helplessness. Even a small loss may be the most recent in a series of "insults," though superficially trivial, it may represent the proverbial last straw, or restimulate previous experiences of losses with their attendant painful emotions.

Crime Reporting

Until quite recently, the age of the victim has not been regarded as a significant statistic in crime reporting, except in the case of minors. This traditional lack of concern for reporting the age of the victim has now begun to break down and more data on the elderly crime victim are being reported. A pioneering effort in the collection of comprehensive data on elderly victims and their victimizers was undertaken in Kansas City, Mo., where former Chief of Police Clarence B. Kelley, now Director of the Federal Bureau of Investigation, inaugurated the policy of collecting and computerizing age statistics. With the collection of these data, locations and types of attacks can be ascertained and followed up with preventive police measures. The Uniform Crime Reports, compiled by the F.B.I. from data supplied by local police departments, are extensively used but do not classify crimes according to the age of the victim.

On the whole police data that do deal with victimization of persons 60 and over are not adequate. Police reporting, for example is not done by census tracts,which makes it difficult to determine the incidence of crime in relation to residence of elderly populations in urban settings.

The study of criminal victimization is highly complex. Difficulties surrounding it are by no means confined to reporting on elderly victims. The major roadblock to obtaining accurate data is under-reporting. A recent study by the Law Enforcement Assistance Administration of *Crime in the Nation's Five Largest Cities* indicates the magnitude of underreporting. The study found that the total number of incidents of crimes reported by survey respondents was approximately double the combined number of comparable offenses recorded by law enforcement agencies in the five cities during 1972. The most commonly cited reasons for failure to report a personal or household crime to the police were (1) a belief that, because of a lack of proof, nothing could be accomplished by reporting the incident and (2) a belief that the incident was not important enough to warrant police attention.

A comprehensive 3-year University of California at Davis study of robbery in Oakland, Calif., concluded that older persons are among the most vulnerable segments of our society. They found "... the likelihood of any individual in the city being victimized within the year to be relatively high—ranging from one in 146 for the general population to one in 24 for certain high risk populations such as females over 65."

The research team interviewed both robbers and victims and reported that victims were predominantly female. More than half of the female victims of street robberies were over age 55, and more than one-third were over age 65. These findings are in line with the L.E.A.A. five-city study which found that the highest rates of personal larceny with contact in four of the five cities were recorded for persons over 50.

Perhaps the most comprehensive study that focuses exclusively on the aged victim is now being conducted by the Midwest Research Institute supported by the Administration on Aging. This study is undertaking detailed analyses of serious crimes in Kansas City involving victims 60 years of age and over. Data are being gathered from police reports, interviews with victims and their neighbors, or relatives, and through interviews with ex-offenders who can shed light on the older person's vulnerability to crime.

Much of the information available about residential security problems of the elderly and about measures taken to improve conditions was presented at a series of hearings held by the Housing Subcommittee of the Senate Special Committee on Aging in 1971. Several volumes of testimony have been compiled. Housing security is the most widely treated facet of criminal victimization of the elderly. The findings of Oscar Newman of the Institute of Planning and Housing have been very influential. His concept of "defensible space" which suggests a series of physical design characteristics that will support resident control of criminal behavior within a residential community has been widely disseminated.

Fighting Crimes on Elderly

In response to activities initiated under provisions of the Older Americans Act of 1965, to recommendations of the 1971 White House Conference on Aging, and to several Congressional hearings on needs of the elderly, a generalized concern for older persons has been spreading over the country. The past decade has seen an increased awareness of the special needs and problems of the elderly in such areas as income, health, nutrition and housing. A small number of independent activities around the nation indicate that some members of the criminal justice community are recognizing the special needs of the elderly with respect to crime. A number of states, communities, neighborhood and private groups have introduced an array of experimental programs designed to protect the elderly. The following are examples of the range of recent activities:

- Hartford, Conn.,: A "teen escort service" was established in cooperation with the police department. The New York City Housing Authority Tenant Patrol has developed a similar program.
- Hoboken, N.J.,: Special equipment such as closed circuit television cameras in buildings and on high-crime street corners has been utilized.
- The American Association of Retired Persons Crime and Safety Program has established public service training sessions for their chapters.
- The Justice Department in California has held seminars to train older persons in protective crime prevention. The Department has sponsored a number of activities earmarked to protect the elderly including a Consumer Information Protection Program for Seniors (CIPPS).

The California Attorney General's Advisory Commission on Problems of the Aging is a broadly based group that meets regularly to consider protection of the elderly.

- A special seminar sponsored by the Department of Housing and Urban Development held in Washington, D.C., in September, 1973, for housing personnel focused on security needs of residents of multi-family projects with special emphasis on the elderly.
- A seminar on residential security for the elderly was held in Kansas City, Mo., in February, 1974, by the Midwest Research Institute. Plans included a series of follow-up neighborhood meetings.
- The Community College of Allegheny County, Pa., has held sessions on Personal Defense and Security Training for the Aging.
- In 1971, the Washington, D.C. Project Assist found that the police were a prime source for finding the isolated and needy elderly. With the hypotheses that older people are in need of special outreach programs and that the police are often called upon to perform many non-law enforcement, essentially social work functions, a social worker was assigned to a station house to assist in handling complaints from the elderly that were not specifically crime-related.
- In October, 1973, a special seminar-workshop on reducing crimes against aged persons was held in Wilmington, Del. The intergovernmental workshop under the sponsorship of the Delaware Division of Aging and the Mid-Atlantic Region's Federal Regional Council Task Force on Solving the Problems of the Elderly brought together policemen, social workers, and representatives of private and public agencies involved in aging programs and services. All Federal departments of the Federal Regional Council were represented.

The objectives of the workshop were to develop approaches to the problem of reducing crimes against the elderly in cities in the region. Through follow-up meetings, Wilmington officials and the task force concentrated attention on developing a Wilmington Crime Reduction Plan for the Aged. The four components of the plan are data evaluation, education, hardware, and social services.

WHCOA Findings

The evidence is mounting that the elderly constitute a unique class of crime victim and that crimes against the elderly can be dealt with most effectively when considered as a distinct category of criminal activity. The 1971 White Conference on Aging recognized the special nature of the problem of criminal victimization of the elderly in their recommendations on legal protection which were summarized in *Towards a New Attitude on Aging:*

> These recommendations dealt dealt with assisting the elderly to participate in the criminal justice system and with the prevention of both white collar crimes such as fraud and crimes of violence such as assault. These recommendations included: making physical protection and crime prevention an element of the planning of facilities for the elderly, expanding police protection of minority neighborhoods; establishing formal liaison between social service agencies and police departments so that elderly who are victims of crime can obtain all necessary assistance; providing better street lighting; making training grants available to police officers and others to acquaint them with the special situation of the elderly and their special susceptibility to particular types of crime; and granting Federal funds to State and local prosecuting officers to expand or establish trained fraud units which are well acquainted with schemes used to deceive the elderly.

Two conference recommendations specifically treat the "special situation of the elderly and their special susceptibility to particular types of crime":

> Police protection of the elderly should become a top priority. A portion of Federal funds for the prevention of crime allocated to the States or local communities should be earmarked for this purpose. Particular attention should be paid to the needs of minority groups.
>
> Standards for physical and environmental security should be developed and applied as an integral and basic element of all housing projects serving the elderly.

The White House Conference was instrumental in promoting the principle that the elderly as consumers in the criminal justice system have special requirements for their protection and safety. Identification of certain categories of citizens for special treatment in security and protection is an established police practice. Children represent the most widely recognized special category. They receive special treatment throughout the criminal justice and legal system. Similarly, political leaders, rock-and-roll idols, women (especially where campus rape is widespread) and bank employees have become recipients of security benefits derived from a public policy which recognizes that, for some groups, equal protection of the laws can best be realized through specialized or differential treatment. That differential treatment by police can provide equal protection of the laws to the elderly is an idea whose time has at last arrived.

Jack Goldsmith is a 1973-74 Public Administration Fellow serving in the office of Research, Demonstrations and Manpower Resources in the Administration on Aging. He is Associate Professor at the American University Center for the Administration of Justice. He is a member of the American Society for Public Administration, the Gerontological Society and the Academy of Criminal Justice Sciences. His most recent book is The Police Community. *His doctorate is in political science from U.C.L.A.*

Noel E. Tomas is a regional program manager in Philadelphia for H.E.W.'s Administration on Aging. He has served as Chairman and Executive Secretary of the Hartford Commission on Aging; member, Technical Review Committee, Connecticut State Department on Aging; delegate, 1971 White House Conference on Aging; member, Connecticut Gerontological Society and the National Caucus on the Black Aged. He was the first witness called by the Housing Subcommittee of the Senate Special Committee on Aging to testify on crime and the elderly in its 1971 hearings. His degree in journalism is from the University of Missouri.

REFERENCES

BROSTOFF, PHYLLIS M. *Metropolitan Police Contracts with the Elderly.* Report to the 1971 White House Conference on Aging, November, 1971. Washington, D.C. Washington School of Psychiatry, 1971.

CUNNINGHAM, CARL L. "Crime and the Aging Victim." *Midwest Research Institute Quarterly* (Spring, 1973).

———. "The Scenario of Crimes Against the Aging." in Tomas (1974).

FEENEY, FLOYD, *and* WEIR, ADRIANNE. *The Prevention and Control of Robbery - A Summary.* Center on Administration of Criminal Justice, University of California at Davis, February, 1974.

GOLDSMITH, JACK *and* TOMAS, NOEL E. "Old Age and the Criminal Justice System - An Agenda for Research and Action." Paper presented at annual meeting of American Society for Public Administration, Syracuse, N.Y., May 8, 1974.

NEWMAN, OSCAR. *Defensible Space: Crime Prevention Through Urban Design.* New York: Macmillan, 1972.

THURMAN, DANIEL. "Psychological Impact of Crime and Physical Insecurity on the Older Person." in *Reducing Crimes Against Aged Persons.*

TOMAS, NOEL E., *ed. Reducing Crimes Against Aged Persons.* Report of the Mid-Atlantic Federal Regional Council Task Force Workshop, January, 1974.

"A Symposium on White Collar Crime." *The American Criminal Law Review.* Summer, 1973.

"Residential Security." *H.U.D. Challenge.* Special Issue. September, 1973.

FEDERAL TRADE COMMISSION. Consumer Bulletin. *Protection for the Elderly.* Bulletin no. 9.

U.S. CONGRESS. SENATE. SPECIAL COMMITTEE ON AGING. SUBCOMMITTEE ON HOUSING FOR THE ELDERLY. *Adequacy of Federal Response to Housing Needs of Older Americans. Hearings* before a subcommittee of Senate Special Committee on Aging, 92nd Congress, 1st session, 1971.

U. S. CONGRESS. SENATE. *Post-White House Conference on Aging Reports,* 1973, "Towards a New Attitude on Aging". Joint Committee Print. 93rd Congress, 1st session, September, 1973.

U.S. CONGRESS. SENATE. *Post-White House Conference on Aging Reports,* 1973, "Towards a New Attitude on Aging". Joint Committee Print. 93rd Congress, 1st session, September, 1973.

U. S. DEPARTMENT OF JUSTICE. LAW ENFORCEMENT ASSISTANCE ADMINISTRATION. *Urban Design, Security and Crime. January, 1973.*

———. ADVANCE REPORT. *Crime in the Nation's Five Largest Cities.* April, 1974.

Reprinted from
aging June–July 1974
Nos. 236–237

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • OFFICE OF HUMAN DEVELOPMENT • ADMINISTRATION ON AGING

Module VII
Appendix B
General

HOUSEKEEPING SKILLS CHECKLIST

Date__________________

Directions:

Place a check mark (✓) in the appropriate space for each skill itemized.

	Capable	Needs Improvement
Attitudinal Skills:		
1. Puts self in positive frame of mind		
2. Analyzes housekeeping needs		
3. Organizes task in meaningful sequence		
4. Schedules priorities into a workable routine		
Planning Skills:		
1. Identifies the following as: Daily Tasks		
a. cooking, serving and dishwashing		
b. surface cleaning		
c. family care		
d. individual care		
2. Identifies the following as: Weekly Tasks		
a. complete cleaning of each room		
b. laundering		
c. meal planning		
d. food purchasing and preparation		
3. Identifies the following as: Occasional Tasks		
a. outside activities		
b. care of clothing and home furnishings		
c. letter writing and finances		
4. Schedules tasks on daily, weekly, and occasional basis.		
Performance Skills:		
1. Uses a broom effectively		
2. Uses a dust pan		
3. Uses a dust mop to dust bare floors		
4. Uses a wet mop to clean washable floors		
5. Uses a vacuum cleaner		
6. Uses a lintless cloth for dusting polished and lacquered surfaces		

	Capable	Needs Improvement
7. Uses barely dampened absorbent cloth for damp dusting to remove smears, finger prints, painted glass or semi-glass surfaces		
8. Follows grain of wood when dusting		
9. Washes windows, mirrors and pictures, using proper tools		
10. Waxes floors and wooden furniture according to needs		
11. Straightens closets, cupboards, medicine chests and bureau drawers systematically		

Personal Care Skills:

	Capable	Needs Improvement
1. Dresses appropriately for the job in comfortable and washable clothing		
2. Protects hands with gloves, etc., whenever possible		

AUDIO VISUAL DISCUSSION GUIDE

Title: A Matter of Seconds   Color   30 min.   16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. (Rental film #MP421).

Sound and Photography: Sound track is clear; photography good.

Synopsis: Tells the stories of three elderly people who, through carelessness, have serious accidents which alter their lives. Film shows how each accident occurred and the way each could have been prevented through changes/precautions in the environments and a more realistic attitude about aging on the part of the people. Film goes on to show the types of environmental safeguards needed to protect the elderly from accidents.

Recommendations for Use:

Previewing by discussion leader helpful but not necessary. Use to sensitize learner to the importance of safety in the home for the elderly client. Also use to show major safety precautions that can be taken to make a home safer for the aging client.

Recommendations for Additional Use:

Could be used to sensitize a group of elderly clients to the importance of safety in the home.

Suggested Discussion Guide:

1. What were the three accidents? How did each happen?
2. How did the attitude of each person contribute to his/her accident?
3. How could each accident have been prevented?
4. What are the two major factors in accidents of the elderly?
5. Which of the accident prevention suggestions came as a surprise to you? Why?
6. Which of the accident prevention suggestions were you aware of already? Do you utilize them in your own home? Why or why not?
7. If you have a client who is unconcerned about the possibility of accidents and takes risks often, what should a Home Helper do? Role-play such a situation.

8. Is it all right for a younger person to climb on chair to change a light bulb? Why or why not?

9. Does the Home Helper's attitude and practices relative to safety prevention affect the client? If so, how?

VIII MEETING HEALTH CARE NEEDS

COMPETENCIES AND OBJECTIVES

The learners will be able to:	The learners will:
1. Follow precisely health instructions for home settings with regard to record keeping, mobility, medication and checking of vital signs.	1.1 Demonstrate ability to observe the general physical and psychological condition of the elderly in home care and report observations clearly to appropriate health personnel. 1.2 Demonstrate procedures for taking pulse, blood pressure, and temperature and checking other vital signs. 1.3 Understand safety precautions with relation to the storage, labeling, and consumption of all medications, prescription or non-prescription. 1.4 Keep health records accurately.
2. Assess a health emergency and perform first aid or other tasks appropriate to the situation.	2.1 Identify signs of health emergencies common to aging Americans. 2.2 Demonstrate first aid techniques appropriate to above health emergencies. 2.3 Demonstrate ability to seek assistance from appropriate health personnel at times of health emergencies.
3. Facilitate mobility in the aging person consistent with physical ability.	3.1 Demonstrate and use general and specific movement-assistance techniques with the aging, applying appropriate safety techniques. 3.2 Demonstrate ways of encouraging exercise and other physical activity consistent with the abilities of the elderly.

CONTENTS FOR: VII MEETING HEALTH CARE NEEDS

Page

COMPETENCIES AND OBJECTIVES VIII-2

CONTENTS FOR MEETING HEALTH CARE NEEDS VIII-3

DIRECTIONS TO THE TEACHER VIII-5

Orientation to Module VIII VIII-6
Evaluation of Module VIII VIII-7

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES VIII-11

REFERENCES VIII-23

Books VIII-23
Pamphlet VII-23

RESOURCES VIII-24

Films VIII-24

APPENDIX A: LEARNER INFORMATION SHEETS

Ten Rules for Mental Health VIII-A1
Glossary of Health Care Terms and Abbreviations VIII-A2

APPENDIX B: TEACHER INFORMATION SHEETS

Illnesses and Medicines Frequently Related to Old Age VIII-B1
Hypertension VIII-B2
Diabetes and Diabetic Care VIII-B5
Audio-Visual Discussion Guide:
The Priory Method VIII-B9

880

VIII MEETING HEALTH CARE NEEDS

DIRECTIONS TO THE TEACHER

The competencies and objectives of this module relate to the health professions. Because of legal considerations, it will be necessary for you to work with a registered nurse and physical therapist in teaching this module. While they will have the necessary technical knowledge, you will remain responsible for seeing that strategies developed are appropriate to the particular group of learners. Also, you will be responsible for seeing that the communications and human relations skills of the learners are applied as they learn the technical skills.

If at all possible, the nurse and physical therapist should be persons who have specialized in work with the elderly. Being human, there are some nurses and physical therapists who are not comfortable with their own aging process and therefore are not sensitive to the special needs of the elderly. While being excellent in their profession generally, they would not be as able to assist with teaching the skills to persons who are going to work primarily with the aged.

In some settings where learners may eventually work, taking a client's blood pressure may be considered an appropriate responsibility for a Home Helper working under the direction and supervision of a physician, a nurse or a practitioner. In other settings, taking a client's blood pressure may not be considered an appropriate responsibility for a Home Helper. Before teaching this module, you need to find out for your particular area under what circumstances a Home Helper may or may not take client blood pressures so that you can be sure that your group of learners understand any legal/regulatory limits in your area.

Another sensitive area in this module relates to medications. In most areas, a Home Helper would not be able to administer (directly give) medications of any sort to a client. However, a Home Helper can be given the responsibility of seeing that a client correctly follows the physician's or a label's prescription and non-prescription. Also, in some particular situations a Home Helper might be allowed to administer some medications as a stand-in for a family member when no family member is available (e.g., insulin shots). Again, you need to find out prior to the teaching of this module the laws/regulations regarding these matters in your area so that you can be sure that learners know the limits, precautions as well as the procedures for finding out such limits should an exceptional situation arise on the job. (See Legal Precautions p. I-B29). The Visiting Nurse Association, the Social Security Office (Medicare/Medicaid guides), City/County/State Health and Welfare Offices can provide this type of information.

A special safety precaution. The health personnel who advise in the development of this module informed us that Workman's Compensation Statistics show that the highest rate of work-related accidents for persons in the health care field relate to injuries sustained while helping a client with transfer activities. It is therefore very important that the physical therapist or nurse who teaches Objective 3.1 be someone who has had special training/experience in transfer activities. Also, you need to make sure your group of learners are aware of this fact and practice these skills repeatedly until each learner, the physical therapist (a nurse), and you all feel that each individual learner has learned how to perform each transfer activity in a manner that assures safety to both the client and the Home Helper.

Your group of learners may contain individual learners who have handicaps that might prevent them from actually doing any of the skills of this module. These learners need to learn how these skills should be performed so they can assist a client in assessing the competence of other persons who might be called in to assist with any of these tasks. The handicapped learner also needs to learn the resources available in the community to meet health-care related needs of a client he cannot perform himself. Finally, the handicapped learner needs to identify those types of client situations where it would be best for all concerned if she did not take the position of Home Helper but rather helped the client find another person whose particular strengths and weaknesses better fit the needs of the client.

To enable the learners to practice the procedures necessary to achieve all the competencies of this module, the "classroom" may need to become an empty room in a hospital, nursing home, or doctor's office. Communities with medical/nursing schools will have equipment and space that might be utilized by you for this set of strategies.

Note: If this is being team-taught, the teacher for this module needs to talk with previous teachers to learn about individual strengths and needs of learners. It would be especially helpful to talk with the teachers of Modules IV and V.

ORIENTATION TO MODULE VIII

Purpose:
1. To introduce and set the mood for the learnings of Module VIII.
2. To sensitize the learners to the importance of their own physical and mental health as they work as Home Helpers.

Setting the Stage:

Before the day of starting this module, make several posters showing people in bed, wheelchairs, at home, in hospitals, nursing homes, etc., receiving care from health professionals or family members. Also make a poster utilizing this quotation from Theognis.

> "For noble minds, the worst of miseries, worse than
> old age, or wearisome disease, is Poverty. . . ."

Also make copies of Ten Rules for Mental Health for each learner, (p. VIII-A1).

Before learners arrive, put up posters and otherwise rearrange room to facilitate discussion.

Materials Needed:

Posters
Learner handouts
Newsprint and felt-tip pens

Procedures:

The teacher will begin by introducing the nurse and physical therapist who will be assisting with the teaching of this module. The teacher will then lead a discussion of the picture posters relating them to situations where Home Helpers might be involved in supporting or providing some health care to a client. The discussion should include, but not be limited to, the following:

a. Legal/regulatory concerns relating to the Home Helper's health-care role.

b. Understanding and working with health-care professionals, e.g., physicians, nurses, physical therapists, etc.

Then divide the group into two small groups. Have each group discuss the quotation by Theognis. Ask one group to develop reasons why they think Theognis is right in saying that poverty in old age is worse than ill health. Ask the other group to develop reasons why they think ill health in old age is worse than poverty. Allow about 10 minutes. Bring groups back into one large group and facilitate a discussion with the entire group on why it is important for a Home Helper to nurture her own physical and mental wellbeing.

Summarize:

Post Objectives for Module VIII and go over them with learners.

EVALUATION OF MODULE VIII

Purpose:
1. To determine if the objectives of Module VIII have been met by each learner.
2. To continue the process of enabling each learner to look at herself objectively, set goals for improvement and recognize her limits and strengths.

Setting the Stage:

Provide a place for private, individual conferences.

Materials Needed:

Post assessment for Module VIII. Pencils and paper (or blank tapes and recorders for learners who have difficulty writing).

Procedures:

The teacher and the nurse/physical therapist helping with this module will use the checklist on p. VIII-9 to verify that each learner has obtained the behavioral objectives of Module VIII.

Administer post assessment.
Ask each learner to write or tape a summary of:

a. Their feelings about performing the health-care related objectives.

b. Understandings they have of how skills and information learned in rest of curriculum relates to the learnings of Module VIII.

c. How and why health-care tasks assumed by a Home Helper can vary from one situation to another.

d. Identify any client situation in which the learner would not feel comfortable or have the skills to perform the job required . . . if the learner has such feelings.

In an individual conference with each learner, the teacher and nurse/physical therapist should discuss the checklist, post assessment, month's plan of encouraging physical activity, and the written summary. Areas that the learners need more work on to meet any of the objectives should be noted and plans should be made for how the learners will achieve competency. Learner ability to evaluate herself objectively should be supported. A written summary of this conference signed by teacher and learner should go into the learner's folder. This should note any limitations of the learners in performing the tasks and include ways learner can compensate for these limitations as well as special strengths of the learner. Particular job situations the learner would avoid due to these limitations, as well as those he would do especially well in, should be discussed and noted.

Note: If this is being team-taught, teacher for the next module should sit in on the conference to provide transition from one teacher to the next.

CHECKLIST FOR: BEHAVIORAL EVIDENCE OF COMPETENCY HEALTH CARE

Each of the following are critical objectives that lead to the projected competency. As the student is able to give evidence of the particular skill, the instructor can validate the performance.

	Date	Initial
A. Routine checks, 1. Takes temperature, pulse and respiration satisfactorily.		
2. Takes blood pressure effectively.		
3. Checks other vital signs (List below)		
B. Keeps accurate health records.		
C. Identifies appropriate health assistance when provided with alternative health emergencies.		
D. Demonstrates general and specific movement-assistant techniques, recognizing safety concerns.		
E. Demonstrates appropriate encouragement of exercise and other physical activities.		
F. Demonstrates awareness of legal/regulatory limits on a Home Helper relative to health-care role.		
G. Knows health-care resources in community that can be utilized by elderly clients.		

COMPETENCY-BASED
TEACHING MODULE

COMPETENCIES	**OBJECTIVES**
The learners will be able to:	The learner will:
1 follow precisely health instructions for home settings with regard to record keeping, mobility, medication, and checking of vital signs.	1.1 demonstrate ability to observe the general physical and psychological condition of the elderly in home care and report observations clearly to appropriate health personnel.
	1.2 demonstrate procedures for taking pulse, blood pressure, and temperature and checking other vital signs.
	1.3 understand safety precautions with relation to the storage, labeling, and consumption of all medications, prescription or non-prescription.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 1.1.1 invite a geriatric nurse to present learners with information about the general physical and psychological condition of the elderly and how these may be observed. Allow time for questions and answers. Divide learners into pairs. Have each learner utilize information from nurse to write an evaluation of the physical and psychological condition of their partner. Have each pair go over their evaluations with the nurse. Under the supervision of the nurse, facilitate visit to nursing home or hospital where learners may write evaluations with the medical staff there. Have nurse lead discussion of field trip and develop any other strategy necessary to insure that each learner can meet objective. Use Illnesses and Medicines Frequently Related to Old Age (appendix, p. VIII-B1), Hypertension (appendix, p. VIII-B2), and Diabetes and Diabetic Care (appendix, p. VIII-B5) as resources.	BOOKS 1 Care of the nursing-home patient. 2 Geriatrics: A study of maturity. 3 Sensitizing people to the process of aging. The in-service educator's guide. 5 Older Americans: Special handling required, ch. 3. APPENDIX: Illnesses and medicines frequently related to old age, p. VIII-B1. APPENDIX: Hypertension, p. VIII-B2 APPENDIX: Diabetes and diabetic care, p. VIII-B5. COMMUNITY RESOURCES: Visiting Nurses Association Local Hospital Local Nursing Home Local Nurses Association Local American Medical Association
1.2.1 have nurse teach learners how to take pulse, blood pressure, and temperature and check other vital signs. Have learners practice these procedures on each other until the nurse feels they have met objective.	Same as for 1.1.1 MATERIALS Watch with second hand Thermometer Sphygmomanometer Stethoscope
1.3.1 have geriatric nurse provide the class information about safety precautions with relation to the storage and dispensing of all medications, prescription or non-prescription. Allow time for discussion.	Same as for 1.1.1

883

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learner will:
1 follow precisely health instructions for home settings with regard to record keeping, mobility, medication, and checking of vital signs. (Cont'd)	1.4 keep health records accurately.
2 assess a health emergency and perform first aid or other tasks appropriate to the situation.	2.1 identify signs of health emergencies common to aging Americans.

SUGGESTED STRATEGIES

The teacher will:

1.4.1 have nurse provide learners with information on how to keep accurate medical records, including sample forms that might be utilized for this purpose in a home-care setting by a Home Helper. Utilize Glossary of Health Care Terms and Abbreviations (appendix, p. VIII-A2).

Allow time for discussion.

Divide class into teams of four. Have each learner check and accurately record vital signs of the other three learners under the supervision of the nurse.

Have learners also observe and record others in group "taking" their medicine or "performing" mobility exercises prescribed by physician and record information accurately.

Have learners repeat or do any other strategy designed by the nurse until each learner can meet objectives.

2.1.1 have nurse present learners information about medical emergencies common to older Americans and the signs to look for in each.

These should include, but not be limited to the following.

a) heart failure
b) stroke
c) high blood pressure
d) shock
e) broken bone from slip or fall
f) respiratory distress

Allow time for discussion.

Have nurse design strategy to insure learners can utilize this information to meet the objective.

REFERENCES AND RESOURCES

Same as for 1.1.1

MATERIALS
Sample medical record charts provided by nurse.

APPENDIX: Glossary of health care terms and abbreviations, p. VIII-A2.

BOOKS
1 Care of the nursing-home patient.
2 Geriatrics: A study of maturity.
3 Sensitizing people to the process of aging. The in-service educator's guide.
5 Older Americans: Special handling required, ch. 3.

COMMUNITY RESOURCES
Visiting Nurses Association
Local Hospital
Local Nursing Home
Local Nurses Association
Local American Medical Association.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
2 assess a health emergency and perform first aid or other tasks appropriate to the situation. (Cont'd)	2.2 demonstrate first aid techniques appropriate to above health emergencies.
	2.3 demonstrate ability to seek assistance from appropriate health personnel at times of health emergencies.
3 facilitate mobility in the aging person consistent with physical ability.	3.1 demonstrate and use general and specific movement-assistance techniques with the aging, applying appropriate safety techniques.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will:	
2.2.1 have nurse teach learners the first aid techniques appropriate to the medical emergencies suggested in 2.1.1. This should include, but is not limited to, mouth-to-mouth resuscitation and the hug for life. Have learners practice first aid techniques until nurse is satisfied each learner has met objective.	Same as for 2.1.1
2.3.1 have nurse present learners with information on how to seek assistance from appropriate health personnel at time of medical emergencies, including information about priority of actions in each situation. Allow time for discussion. Ask nurse to provide learners with emergency situations they might encounter as a Home Helper which they can role play. Have learners do role plays. Have learners use appropriate communication skills as well as proper emergency procedures so that older person feels reassured and like a person, rather than an object. Allow time for discussion and evaluation after each. Have learners discuss the feelings they had both in role of Home Helper and older American in role plays.	Same as for 2.1.1
3.1.1 invite physical therapist (or nurse) qualified in transfer activities and safety to present information about special safety techniques to be utilized in transfer activities so that neither the elderly nor the attendant will be hurt, injured, or pained. Divide class into pairs, in cooperation with nurse or physical therapist, provide each pair with a role play situation where they must use transfer activities.	BOOKS 1 Care of the nursing-home patient. 2 Geriatrics: A study of maturity. 3 Sensitizing people to the process of aging. The in-service educator's guide. 5 Older Americans: Special handling required, ch. 3.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
3 facilitate mobility in the aging person consistent with physical ability. (Cont'd)	3.1 demonstrate and use general and specific movement-assistance techniques with the aging, applying appropriate safety techniques. (Cont'd)
	3.2 demonstrate ways of encouraging exercise and other physical activity consistent with the abilities of the elderly.

SUGGESTED STRATEGIES	REFERENCES AND RESOURCES
The teacher will: 3.1.1 (Cont'd) Have learners role play by pairs a variety of transfer activities. Facilitate a discussion after each role play of the feelings of the persons portraying the elderly person being assisted with transfer activities and how the attendants can be responsive to those feelings as they carry out this task.	COMMUNITY RESOURCES Visiting Nurses Association Local Hospital Local Nursing Home Local Nurses Association Local American Medical Association Geriatric Physical Therapist MATERIALS Bed Wheelchair Walker Stretcher Chair Cane
3.2.1 have a nurse or a qualified physical therapist discuss the physical and psychological importance of mobility and movement for the elderly. Show a film exemplifying how one facility motivated its residents to leave their beds and wheelchairs for a more stimulating way of life appropriate to their physical abilities. Facilitate a discussion of the film and of the need for encouraging the elderly to be active and involved. After discussion, have nurse or physical therapist teach learners methods of encouraging mobility for persons who are 1) bedridden 2) in wheelchair 3) use walkers, etc. Divide the class into three to four small groups. Have nurse or physical therapist provide each troup with a "portrait" of an elderly person who needs encouragment to exercise more to be more physically active. Have each group brainstorming ways to encourage their elderly person and develop a mini-drama to demonstrate	Same as for 3.1.1 FILM 7 The priory method PAMPHLET 6 The fitness challenge . . . in the later years. APPENDIX: AVDG: The priory method, p. VIII-B9. MATERIALS Walker Cane Bed Wheelchair COMMUNITY RESOURCES Visiting Nurses Association Local Nursing Home Local Senior Center Local Meals-on-Wheels N.A.R.P. R.S.V.P.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
3 facilitate mobility in the aging person consistent with physical ability. (Cont'd)	3.2 demonstrate ways of encouraging exercise and other physical activity consistent with the abilities of the elderly. (Cont'd)

The teacher will:
3.2.1 (Cont'd)

these to the rest of the class. Dramas are not limited to Home Helpers only but may also include family members, friends, or others in close contact with the elderly.

Facilitate a discussion of the dramas. List the main techniques used by each group on chalkboard or newsprint. As appropriate, add additional techniques or alternatives to the discussion.

Invite several elderly persons from the community who are more physically active than they once were to talk with the class about their motivation to be more active as well as what discouraged them in their efforts.

Have nurse or physical therapist provide each learner with a "portrait" of an elderly person who needs to be more active. Each learner will write out a month's plan for encouraging greater physical activity on the part of the elderly person.

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

1 Brickner, P. W. (Ed.). Care of the nursing-home patient. New York, New York: The Macmillan Company, 1971.

2 Caldwell, E., & Hegner, B. R. Geriatrics: A study of maturity. Albany, New York: Delmar Publishers, 1975.

3 Ernst, M., & Shore, H. Sensitizing people to the process of aging. The in-service educator's guide. Denton, Texas: The Center for Studies in Aging, North Texas State University, 1975.

4 Spear, M. The guide for in-service training for developing services for older persons (DHEW Publication No. (OHD) 74-2066F). Washington, D.C.: U. S. Government Printing Office, 1974.

5 Tivens, M. B. Older Americans: Special handling required. Washington, D.C.: National Council on the Aging, 1971.

PAMPHLET

6 The fitness challenge . . . in the later years (DHEW Publication No. (OHD) 75-20802). Washington, D.C.: U. S. Government Printing Office, 1968.

RESOURCES

FILMS

7 Gerontological Film Collection, North Texas State University Main Library. The priory method (MP604). Denton, Texas 76203: Author, n.d. (Color, rental, 16mm, 20 min).

TEN RULES FOR MENTAL HEALTH

1. Get acquainted with yourself. Know your own strengths and weaknesses.
2. Accept yourself. Admit limitations, correct your faults as best you can, then forget them.
3. Face the facts of life--truth is often unpleasant, but take it. It can make you free.
4. Solve your own problems--avoid escapes, use expert help, then stand on your own feet.
5. Work at what you like--find the things you really enjoy and let them "get you".
6. Earn your own success--stop counting on luck or fate. You can make your own achievements.
7. Try to understand people--don't expect too much of them. Learn to understand how they feel.
8. Develop real friendships--learn to like people. Cultivate companionships, share yourself.
9. Find yourself in a cause bigger than you are--develop a philosophy in action. Stand for bigger things.
10. Be alive--exercise your body, mind, and feelings to a tingling awareness of life. Enjoy new experiences, don't dry up.

WELL ADJUSTED PEOPLE MAINTAIN THEIR EQUILIBRIUM EVEN WHEN THE GOING GETS "ROUGH".

GLOSSARY OF HEALTH CARE TERMS AND ABBREVIATIONS

Abd.	abdomen
A.C.	before meals; p.c.-after meals
ASHD	arteriosclerotic heart disease
Bm	bowel movement
bid	twice daily; tid-three times daily; qid-four times daily
BP	blood pressure
BRP	bathroom privileges
c̄	with - s̄-without
Ca	cancer
CVA	cerebral vascular accident (stroke)
CHF	congestive heart failure
Dx	diagnosis
EENT	eye, ear, nose, and throat
F	female
FUO	fever of unknown origin
Gen app	General appearance
GI	gastro intestinal
GU	genito urinary
gr -$\frac{oo}{ss}$	1/2 grain
gr - $\frac{o}{1}$	1 grain
gr - $\frac{o}{1ss}$	1-1/2 grain
gr -$\frac{oo}{11}$	2 grain
gtts	drops
GM	grams
h. s.	at bedtime
h	hour
leave	impression
iv	intravenous
im	intra muscular
LMP	last menstrual period

M	male
MH	male history
mgm	milligram
Ned	no evidence of disease
neg	negative
N & V	nausea and vomiting
NSA	no significant abnormality
OPD	out-patient department
OS	left eye
OD	right eye
OT	occupational therapy
P	pulse
p.c.	after meals; a.c.-before meals
prn	as needed
PI	present illness
PH	present history
PE or PX	physical examination
PO	post operative
PND	post nasal drip
Pt	patient
P.T.	physical therapy
PROG	prognosis
qid	four times daily
qod	every other day
$\bar{q}$	every
R	respiration
Reg	regular
RX	prescription (treatment prescribed)
SH	social history
SOB	shortness of breath
T	temperature
TRP	temperature, respiration, pulse
Tid	three times daily
tsp	teaspoon
tbsp	tablespoon
URI	upper-respiratory infection
WBC	white blood count

ILLNESSES AND MEDICINES FREQUENTLY RELATED TO OLD AGE

The following are a list of illnesses and medications frequently related to old age. Depending upon the regulations of the agencies, the Home Helpers you are training will be working for you and will want to have the nurse assisting with the training to give the learners background information on them.

For the illnesses, the learners will need to be taught the symptoms, possible complications, usual treatment, prognosis and precautions for each. Particular emphasis should be placed on the physical behavioral signs in a client a Home Helper would look for and know how to report accurately to a physician or a nurse. (See Hypertension VIII-B2 and Diabetes VIII-B5 as well as Personal Care Observations V-B3 for examples of types of information that might be appropriate).

For the medications, the learners should be taught the precautions in their use and the major possible side effects. Emphasis again should be on behavior/ physical signs in a client a Home Helper would look for and know how to report accurately to a physician or nurse.

Illnesses:

- Hypertension
- Diabetes Mellitus
- Arthritis/rheumatism
- Arteriosclerosis
- Glaucoma and other diseases of the eye
- Heart Diseases
- Paranoia
- Depression
- Urinary Tract/prostate diseases
- Fractures
- Decubitus Ulcers

Drug List:

- Insulin
- Orinase
- Digoxin
- Nitroglycerine
- Lasix
- Hydroduiral
- Multivitamins
- Vitamin B-12
- Librium
- Maalox
- Doxidan
- Milk of Magnesia
- Aldomet
- Esidrex
- Hydrogroton
- K-Chlor
- K-Cl
- Aspirin
- Tylenol
- Inderal
- Isordil
- Motrin
- Coumadin
- Isocarpine Drops

Module VIII
Appendix B
Strategies 1.1.1
1.2.1
1.3.1
1.4.1

HYPERTENSION

Definition:

Elevation of the intra-arterial pressure above the accepted range for age, sex and body weight.

Systolic Pressure:

Measure of the force of contracture of the left ventricle or the maximal pressure in the arteries immediately after ventricular closure--or the highest pressure.

Diastolic Pressure:

Measure of the arterial pressure during the period of ventricular filling, or the lowest pressure.

Essential Hypertension:

An inherited disease in which the only demonstrated change is an elevation of the blood pressure of which the cause is unknown.

What is Blood Pressure?

The beating of the heart is responsible for the blood pressure in the vessels, causing a rise with each contraction and a fall with each relaxation of the ventricles. The blood pressure is the force of the blood against the artery walls.

Normal Blood Pressure:

According to Tabers, by the time an individual is 20 years old, the systolic pressure should be 120 mm. The normal diastolic pressure ranges from 60 mm to 90 mm. To calculate the average or normal systolic pressure begin with 120 mm at the age of 20 and add 1/2 mm for each year above that age, which will give 135 mm as normal systolic pressure for a man about 50. Arterial pressure is not uniform. Life insurance companies have compiled tabulations of blood pressures at different ages. Systolic pressure is 10 mm less for women. If your systolic is consistently 150 mm or above, you have hypertension or high blood pressure.

Essential or idiopathic hypertension as used in this case refers to the characteristics which identify the condition. Essential or idiopathic pertains to conditions without apparent recognizable cause.

Incidence of Hypertension Disease:

Although hypertensive disease is somewhat more common im women than in men, it is more serious in men.

There is a strong familial tendency, probably the most predisposing factor. Studies indicate that about 1/4 of all deaths of individuals past 50 years of age are probably due to hypertension.

Causes of Hypertension:

1. The personality is a factor in causing hypertension. Persons suffering from essential hypertension are dynamic, hard driving, non-procrastinating persons with a desire and ability to accomplish much in a short period. The occurrence of migraine headaches is most frequent among individuals who tend to develop essential hypertension.

   The kidneys, or the adrenal glands may send into the bloodstream substances which can alter the blood chemistry that ends in raised blood pressure. When a person is angry, afraid or worried, his blood pressure may go up. During times of stress, a rise in blood pressure is normal. But some individuals react to even mild life stresses with an excessive rise in blood pressure.

   Studies indicate that hypertension often runs in the family. People whose parents had high blood pressure are more likely to develop it than those whose parents did not.

Symptoms:

1. Abnormal flowing at menstruation.

2. Migraine headaches.

3. Fainting and dizzy spells.

4. Dull, throbbing headache which is often related to migraine headaches.

5. The second type of headache in hypertension (which may exist with migraine) is characterized by pain, and stiffness localized to nape of neck, the occipital region, or on up to the crown of the head.

6. Shortness of breath is a symptom that may result from the additional work imposed upon the heart by high blood pressure.

7. Hardening of the arteries (arteriosclerosis). On one hand these symptoms may indicate hypertension, on the other hand, the symptoms may not have anything at all to do with your blood pressure. They may be due to many other causes, including just plain fear. Don't try to diagnose or treat symptoms yourself--see your doctor and tell him about them.

Hypertension places an added work load on the heart and arteries. When the heart is forced to work harder than normal over a long period of time, it tends to enlarge. An enlarged heart can function, yes, but if it's very much enlarged, it cannot keep up with the demand that is placed upon it; then complications develop.

Over a long period of time, wear and tear of the arteries cause them to become hardened, less elastic than they should be, and scarred. Even though this process takes place with age, hypertension, however, tends to speed up the process. A blood clot may lodge in a narrowed artery and deprive some part of the body of its normal blood supply. For these reasons, doctors look for signs of damage to three vital areas of the body; the heart, the kidneys, and the brain. Examinations are very important. You must not take hypertension lightly. How often your physician wants to see you depends on the severity of the hypertension. In treating hypertension, the physician can choose from a growing list of drugs. The surgery that was done in the past has been replaced by antihypertensive drugs. However, some specific kinds of high blood pressure will respond only to surgery. Only your doctor can tell.

However, in most cases of essential hypertension, treatment with drugs will lower blood pressure.

A combination of drugs may have to be used at first in order for the doctor to determine which drug is best for you. Because the physician has so many effective drugs to choose from, it is almost always possible to find the right ones for a particular patient.

Some kind of diet may be prescribed as part of the treatment if for overweight or retention of fluids. For some patients a diet may be prescribed to control fats. Treatment make take a long time for some or a short time for others. It depends on the severity of the disease. Sometimes patients have to change their manner of living. Activities must be performed in moderation or a new kind of job may have to be assumed. Counseling can reduce anxiety in combination with use of drugs. The physician will determine if counseling alone will reduce the blood pressure. Recreation and relaxation are good medicine.

Prepared by and used with the permission of Visiting Nurses Association, Dallas, Texas.

DIABETES AND DIABETIC CARE

QUESTIONS AND ANSWERS

CONTROLLING DIABETES

Q. What is diabetes?

A. Diabetes is a condition in which the body does not make enough usable insulin. The body needs insulin to turn the sugar in food into heat and energy. As a result the sugar which should be used by the body goes into the blood stream until there is so much sugar in the blood that the sugar overflows into the urine.

Q. Why is diabetes serious?

A. Because much of the sugar is not used, various bodily organs such as the heart, liver, and eyes do not get good nourishment. If the diabetes is never treated, the diabetic may fall into a coma and die.

Q. How can a person tell if he has diabetes?

He can't. Fortunately, however, the symptoms of the complaint are such that he often goes to the doctor. He may be losing weight in spite of eating big meals. He may be always hungry and thirsty. He urinates frequently, often in the middle of the night. His skin may become flabby, dry and scaly. He may have heartburn and be tired and weak all the time.

Q. Is it so bad to have diabetes?

A. No. If the doctor's orders are followed, a diabetic can lead a happy, almost normal life. A person with diabetes is far luckier than those with many complaints for which there is little or no hope.

Q. Should diabetes cause extra worry?

A. Of course not, if the patient does what his doctor tells him to do. But the patient must remember that he can be his own worst enemy. If he does not take care of himself the way his doctor tells him to do, he may get dangerous complications.

Q. Why is diabetes different from most other ailments?

Because uncomplicated diabetes does not cause pain or fever. It is not contagious. Many times a person does not know he has diabetes until he takes a routine physical examination. In addition, while they are being treated, diabetics often do not take care of themselves because they feel all right. Diabetes is always dangerous when patients do not follow their doctor's orders.

CONTROLLING DIABETES

Although most foods do not taste sweet, almost all foods form a certain amount of sugar.

Diabetes can sometimes be controlled by diet alone--the right kind of food in the proper amounts.

In some people the disease can be controlled by diet and certain drugs taken by mouth.

For the rest, diet and insulin injections are necessary. There are several different types of insulin. Your physician will prescribe the one best for you.

In the body, glucose (sugar) is partly produced in the liver from the carbohydrates, fats and proteins you eat and is converted into heat and energy. Insulin regulates the body's use (metabolism) of glucose. If the body is unable to produce enough insulin to convert sugar into energy and heat, fatigue, weight loss and dehydration result.

In diabetes, the body does not have enough active insulin and the unused sugar goes out in the urine. However, in certain persons, the blood sugar may be elevated without spilling over into the urine.

SPECIAL RULES

- Exercise is important to all diabetics since it helps lower the amount of sugar in the blood. Actually your diet and insulin are based in part on how active a life you lead at work and at home. The doctor will advise you on the amount of regular exercise you should have.

- A more-than-ordinary amount of work or exercise may cause your blood sugar to fall and bring on an insulin reaction. If you are planning extra work, sports or recreational activity, talk with your physician first, since he may feel that some temporary change may be needed in your insulin dose or diet.

- Urine testing is usually done daily. Consult doctor.

- Carry lumps of sugar or hard candy with you at all times in case your meals are delayed or you overexert yourself.

- Identification tags, cards or bracelets saying, "I am a diabetic" should be carried or worn when you are away from home.

- Any illness--virus infections, fever, gastrointestinal upset (nausea and vomiting or diarrhea) should be reported to your doctor. You may need more insulin when you are sick.

- Skin care is important. People with diabetes often get skin infections, carbuncles and boils. The skin should be kept clean by regular bathing. Cuts and scratches should be carefully cleaned with alcohol only--avoid strong antiseptics such as iodine. Do not put adhesive tape on the skin. Cuts and bruises that do not heal or look suspicious should be reported to your doctor.

- Excess heat on the skin should be avoided. Do not use electric pads or hot water bottles. Avoid close contact with automobile heaters or portable electric heaters. Avoid sunburn.

- Care of the feet is especially important. Diabetes sometimes causes poor circulation in the feet. Furthermore, heat and cold, blisters or splinters or small objects like a pebble may not be felt very easily. Lack of sensation may cause an infection to go unnoticed.

- Changes in the color of the skin of the feet are signs of poor circulation.

- If you see any change in the color of your feet, tell your doctor at once.

- Keep your feet dry. Examine your feet every day for cuts, scratches, blisters or bruises you may not be aware of. Use a mirror if necessary. If your eyesight is poor, have someone else examine your feet.

- Consult your doctor about athlete's foot, calluses, corns or thickened toe nails. Do not cut corns or calluses yourself or use corn remover medication or corn remedies.

- Be sure to avoid: 1) stockings with holes, darns or tight tops; 2) garters around the legs; 3) walking barefooted; and 4) poorly fitted shoes or shoes that do not give firm protection from pebbles, sharp, rough objects, etc. Break in new shoes gradually.

- Wash your feet daily with soap and warm-never hot-water: 1) rinse thoroughly; 2) pat dry with a soft towel; 3) use a nonirritating foot powder; 3) file toe nails straight across, or clip only after soaking (do not dig into corners); and 4) change your socks daily.

Symptoms of hypoglycemia or insulin shock or too much insulin:

1. Hunger
2. Tremor
3. Sweating
4. Pallor (Pale in color)
5. Weakness
6. Loss of Memory

Treatment: Eating readily available carbohydrates, as provided in an orange or in a lump of sugar, will ordinarily ward off an impending attack for an overdose of insulin.

Symptoms of Acidosis or not enough insulin:

1. Weakness
2. Flush
3. Acetone odor of the breath which is described as sweet and heavy; or as a fruity odor, as of overripe apples
4. The extremities may be cold and purplish
5. Nausea and vomiting
6. The face may resemble a windburn or sunburn
7. Restlessness

Treatment:

1. Notify the doctor and stay with the client
2. Have client go to bed
3. Instruct client to drink warm liquids; hot water, tea, coffee, broths, etc.
4. Keep the client warm

AUDIO VISUAL DISCUSSION GUIDE

Title: The Priory method. Color 20 min. 16 mm. film

Source: Gerontological Film Collection. North Texas State University Main Library, Denton, Texas 76203. (#MP604).

Sound and Photography: Soundtrack clear; photography good quality "home movies".

Synopsis: Tells the story of how a full-range of Reality Orientation techniques were put to use in a Catholic Priory Hospital with elderly patients to provide a restorative, restful milieu. It dramatically illustrates the recovery of the patients' minds and bodies from an almost semi-vegetable state to active, alert participation in the life of the hospital and eventually the community as a whole. It also illustrates all the facets of a total milieu approach to rehabilitation in facilities for the aged. It shows the full range of the physical, emotional and social disabilities that are associated with aging.

Recommendations for Use:

Preview by discussion leader helpful. Very rich film to which one can be referred throughout the course. It can be shown in sections, discussing each section before going on to the next one. The film can be used to illustrate severe disabilities that can be associated with the aging process and facilitate both learner recognition of these disabilities, their emotional reactions to them and how many can be modified by the attitudes and techniques used by the persons working with the elderly. Can be used to facilitate discussion of the full-range of interrelated factors that need to be recognized to produce an effective restorative program.

Recommendations for Additional Use:

The film can be used in discussions concerning basic communication skills, respect, touching and cherishing. Can be used in a discussion of values, the role of "work" in the elderly person's life, the relationship of the elderly and the community, the psychological aspects of aging. Can also be used in relation to discussions of mobility and appropriate physical exercise for the elderly.

Suggested Discussion Questions:

1. What philosophy of care reduces the physical, emotional, and social deterioration of the elderly?
2. What is the basic philosophy of the Priory Method? What value did they place on pride and self-esteem when developing their program?

3. What type of work and arts and crafts opportunities did they feel were important to the program?

4. How did they develop their exercise program? How was it integrated into the total program? Give some examples of exercise with a purpose.

5. What role was played by each of the following:

    a) gardening
    b) pets
    c) hobbies and individual interests of patients
    d) volunteer groups
    e) children and other young people
    f) parade
    g) uniforms of staff
    h) operation wheelchair

IX LEGAL AND ETHICAL CONCERNS

COMPETENCIES AND OBJECTIVES

The learners will be able to:	The learners will:
1. Perform responsibilities within the legal and ethical limits appropriate to the needs and rights of the elderly as prescribed by law and the Rights of the Elderly from the White House Conference on Aging, 1961.	1.1 Identify the local, state, and federal laws/regulations pertaining to the care of the elderly in home/institutional settings.
	1.2 Explain when a caregiving situation requires that one seek assistance so as not to exceed the limits of one's legal responsibilities.
	1.3 Identify the rights of the elderly and the caregiver's ethical responsibilities to protect those rights.

CONTENTS FOR: IX LEGAL AND ETHICAL CONCERNS

Page
COMPETENCIES AND OBJECTIVES IX-2

CONTENTS FOR LEGAL AND ETHICAL CONCERNS IX-3

DIRECTIONS TO THE TEACHER IX-5

  Orientation to Module IX IX-5
  Evaluation of Module IX IX-6

COMPETENCIES, OBJECTIVES, SUGGESTED STRATEGIES, REFERENCES AND RESOURCES IX-9

REFERENCES IX-19

  Books IX-19
  Pamphlets IX-19

RESOURCES IX-20

  Films IX-20

APPENDIX A: LEARNER INFORMATION SHEETS

  Glossary of Legal Terms IX-A1
  1961 White House Conference on Aging: Rights of Senior Citizens IX-A5
  Bicentennial Charter for Older Americans IX-A6
  Privacy IX-A9
  Ethics of Home Helper IX-A11
    Truthfulness in Relationships IX-A11
    Confidentiality IX-A13
    Home Helper's Code of Ethics IX-A14
  Abuse of the Elderly IX-A15

APPENDIX B: TEACHER INFORMATION SHEETS

  Sharing Exercises IX-B1
  Protective Services Case History IX-B2
  Potential Problem Situations for Home Helpers IX-B4
  The Principle of Least Restrictive Alternative IX-B6
  Additional Teacher Resources on Legal Concerns IX-B8
  Audio Visual Discussion Guides:
    The Rights of Age IX-B9
    Nell and Fred IX-B11

915

IX DIRECTIONS TO THE TEACHER

The ordinances, regulations and laws pertaining to care of the elderly (or ill) vary greatly from one state to the next and from one situation to the next. It is very important that the learners become aware of the ordinances and regulations that apply in their community. It is also important that they know the community resources they can turn to if a situation arises in which they need advice as to what is or is not legal/appropriate under the law/regulations.

Equally important are the ethical concerns. Any person who becomes a member of the helping professions takes upon herself a responsibility of trust. Discussions in earlier parts of the course may have touched upon some of these issues, but they are so important that they should be focused on again. Plenty of time for discussion should be allowed for learners to look at all of the "gray areas" in many of these issues.

The appendix contains examples of a few of the most unpleasant situations a Home Helper might get involved in. Though these are not representative of frequent occurances, they can occur and prospective Home Helpers need to know what to do and not do to protect themselves and the older person. Persons in the community who work with the elderly may be familiar with other type experiences/situations that a Home Helper should be aware of to adequately protect herself and her client.

Note: If this is being team taught, there is information in Module I you need. Also, you should have talked with the other teachers on the team so that you will be aware of the special strengths and needs of each learner. The pre assessment for this module should have been given previously and the results provided to you so you could plan ahead and choose strategies, resources, etc. needed to meet the training objectives.

IX ORIENTATION

Purposes: 1) To increase trust among learners and teacher
2) To sensitize learners and teacher to the way each person involved in an experience/relationship perceives it a little differently.

Setting the Stage: Arrange chairs into a circle, or have cushions for learners to sit/sprawl comfortably on in a circle. Adjust lighting so it is not too bright. Have soft background music on as learners arrive.

Rearrange posters of quotations, etc. made throughout course to best reflect meaningful learning/experiences/sharings of this particular group of learners. Add another poster made up of things learners/resource persons have said that were of special significance to this group of learners.

Materials: Quotation posters
Record/tape of soft background music

Procedures: Tell the learners in advance of this session that they need to be thinking back over the entire course and how the training felt to them as it progressed. (If you use the sitting on the floor option, tell them this will be the case). Ask the learners to come together without talking, but just taking their places, greeting each other non-verbally, and enjoying the music until everyone has arrived. Tell the learners the purpose of the sharing exercises and lead the learners in them. (IX-B1).

Strategies should have already been chosen on basis of pre assessment given earlier. Tell the learners the objective of the module and what they will be doing to meet those objectives.

EVALUATION OF MODULE IX

Purpose: 1. To determine if the objectives of Module IX have been met by each learner.

2. To enable each learner with the help of the teacher to make a final determination about the appropriateness of the job of Home Helper for himself.

Setting the Stage:

Place for individual conferences to be held in private. (See Module II Evaluation for suggestions).

Materials Needed:

Post assessments
Pencils/pens and paper for each learner.

Procedures:

The teacher will begin the evaluation by administering post assessment.

Have individual learners write (or tape) summary of the learnings of Module IX. This should include, but not be limited to the following:

a. Feelings about the rights of the elderly that they had not considered previously.

b. Factors relating to legal and ethical concerns of a Home Helper they had not considered previously.

c. Impact that discussions have had on how they view role of Home Helper and how they feel about becoming a Home Helper especially any questions, concerns or anxieties raised in the discussions that are still unresolved.

d. Any specific job situations where a Home Helper might be employed that they as an individual would not feel comfortable accepting.

In individual conferences, review the assessment and the written evaluation. If the learner needs any additional help to adequately meet the objectives of this module, plan with the learner how she can meet them before the end of the course or on her own after the course ends. Put in the learner folder a summary of the conference, a statement of competency obtained or goals set and signed by both the teacher and the learners. Utilize the conference to help each learner make a final determination for himself about becoming a Home Helper. If a learner decides that she does not want to be a Home Helper, evaluate with her, her strengths and competencies that can be utilized in another job. Discuss with the learner alternative career options available in the community. Be sure to allow time in the conference for talking about the feelings of both the teacher and the learner regarding this decision. This might include anger, frustration, disappointment, guilt, or relief. Help learners decide how to share this decision with the other learners. In addition to above specific module evaluation, put a summary of learner's strengths and competencies, signed by both learners and teacher, in the learner's folder.

COMPETENCY-BASED
TEACHING MODULE

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform responsibilities within the legal and ethical limits appropriate to the needs and rights of the elderly, as prescribed by law and the Rights of the Elderly from the White House Conference on Aging, 1961.	1.1 identify the local, state and federal laws/regulations pertaining to the care of the elderly in home/institutional settings.

SUGGESTED STRATEGIES

The teacher will:

1.1.1 ascertain local/state/federal agencies regulating the institutional or home care of the aged in the community. Invite a representative of each to participate in a panel discussion of these regulations, and the intent of the regulation or ordinance (e.g., fire, health, number and qualifications of personnel, building safety, program, etc.), the difference between regulations and ordinances and the consequences of violation of each.

Facilitate a discussion period with the panel and the learners noting the main concerns on the chalkboard or newsprint. This discussion will include the limits of the Home Helper's responsibilities in a licensed facility or in an unlicensed facility.

Provide learners copies of regulations they and the panel feel necessary for them to know to perform their responsibilities adequately.

If no local or state laws regulating institutions for the elderly exist in the area, invite elderly persons, members of elderly persons' families, professionals, and federal program representatives to discuss the status and practice of local facilities for the aged. Identify needs if any, for regulatory ordinances or state law to supplement federal ones. Include in the discussion the limits of responsibility of the Home Helper in an unlicensed facility or situation.

Provide learners with community resources available to answer questions regarding what is/is not allowed under regulations.

REFERENCES AND RESOURCES

BOOKS

3 Older Americans: Special handling required, ch. 6, 7 and 8.

COMMUNITY RESOURCES

U. S. Health, Education and Welfare Regional Office of Aging
State Office of Aging
Department of Public Welfare
AARP Chapter
Local Community College or University
Visiting Nurses Association
Social Security Office (Medicare/Medicaid Regulations).

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform responsibilities within the legal and ethical limits appropriate to the needs and rights of the elderly, as prescribed by law and the Rights of the Elderly from the White House Conference on Aging, 1961. (Cont'd)	1.2 explain when a caregiving situation requires that one seek assistance so as not to exceed the limits of one's legal responsibilities.

SUGGESTED STRATEGIES

The teacher will:

1.2.1 invite a lawyer and a physician to present to the learners information on the limits of their responsibilities in specific medical situations as well as in more general circumstances.

Information should include, but is not limited to the following:

a. Legal guardianship
b. Power of Attorney
c. Refusal of elderly to take medicine
d. Refusal of relatives to purchase prescribed medicine.
e. Older person wants a Home Helper to assist them to do something against physician's orders.
f. Consequences of violating limits of responsibility.
g. Home Helper discovers aged client is being physically abused by his adult child.

Facilitate a discussion between the class, the lawyer and physician on these limits, noting on chalkboard or newsprint the main points. The discussion should include examples of situations in which the Home Helper might have to make such judgements. Appendix items include some examples for situations that might be used to start discussion: Potential Problem Situations for Home Helpers (appendix, p. IX-B4), and Protective Services Case History (appendix p. IX-B2), Abuse of the Elderly, (appendix, p. IX-A15). Provide learners copies of any materials recommended by the lawyer or physician and copies of the main points covered in the discussion.

With the assistance of the lawyer, the physician, and the teacher, have the learners design and portray three or four role-playing situations in which the Home Helper must utilize individual judgement on the limits of his legal responsibility. For sample situation, see

REFERENCES AND RESOURCES

COMMUNITY RESOURCES
Local Chapter of American Bar Association
Local Chapter of American Medical Association
Visiting Nurses Association
Legal Aide Society
Local Chapter of American Civil Liberties Union

APPENDIX: Protective services case history, p. IX-B2.

APPENDIX: Potential problem situations for Home Helpers. p. IX-B4.

APPENDIX: Abuse of the elderly, p. IX-A15.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform responsibilities within the legal and ethical limits appropriate to the needs and rights of the elderly, as prescribed by law and the Rights of the Elderly from the White House Conference on Aging, 1961. (Cont'd)	1.2 explain when a caregiving situation requires that one seek assistance so as not to exceed the limits of one's legal responsibilities. (Cont'd)
	1.3 identify the rights of the elderly and the caregiver's ethical responsibilities to protect those rights.

SUGGESTED STRATEGIES

The teacher will:

1.2.1 (Cont'd)
Potential Problem Situations for Home Helpers (appendix, p. IX-B4), and Protective Services Case History (appendix, p. IX-B2).

1.3.1 provide learners a copy of The Rights of the Elderly from the 1961 White House Conference on the Aging, and The Bicentennial Charter for Older Americans, (appendix, p. IX-A6), 1961 White House Conference on Aging: Rights of Senior Citizens (appendix, p. IX-A5).
Develop a panel of elderly persons and some of the professionals who participated earlier in the course. Have the panel discuss

a. "The Rights of the Elderly,"
b. Other privacy rights/needs of the elderly in a care situation
c. Protective Services

Show the film, The Rights of Age (and/or Nell and Fred); utilizing Audio-Visual Discussion Guides (appendix, p. IX-B9, B-11) relate discussion of films to panel's presentation. List on newsprint or chalkboard the main items covered.

Divide the class into four or five small groups with both elderly and professional panel members as resource persons in each group. Each group will be given a right/need for the focus of their discussion, e.g., (a) privacy, (b) relativity.

Have small groups, etc., brainstorm situations in which Home Helpers might be involved that requires them to exercise judgement as to ethical responsibility. (See appendix items for examples) Privacy (appendix, p. IX-A9); Ethics of Home Helper (appendix, p. IX-A11); Confidentiality (appendix, p. IX-A13). Out of this, each group will develop two mini-dramas to role-play for the entire class. Each situation does not have to be limited to Home Helper and elderly only, but may

REFERENCES AND RESOURCES

BOOKS

1 Protective services for the aged.

3 Older Americans: Special handling required, ch. 11.

4 Toward a national policy on aging, vol. II, pp. 205-238.

5 Working with older people: vol. III: The aging process: needs and services, ch. 5.

2 The guide for in-service training for developing services for older people.

PAMPHLETS

6 You, the law and retirement.

FILMS

7 Nell and Fred-AVDG, IX-B11.

8 The rights of age-AVDG, IX-B9.

APPENDIX: 1961 White House conference on aging: Rights of senior citizens, p. IX-A5.

APPENDIX: The Bicentennial charter for older Americans, p. IX-A6.

APPENDIX: Privacy, p. IX-A9.

APPENDIX: Ethics of Home Helper, p. IX-A11.

APPENDIX: Home helper's code of ethics, p. IX-A14.

APPENDIX: Confidentiality, p. IX-A13.

COMPETENCIES	OBJECTIVES
The learners will be able to:	The learners will:
1 perform responsibilities within the legal and ethical limits appropriate to the needs and rights of the elderly, as prescribed by law and the Rights of the Elderly from the White House Conference on Aging, 1961. (Cont'd)	1.3 identify the rights of the elderly and the caregiver's ethical responsibilities to protect those rights. (Cont'd)

SUGGESTED STRATEGIES

The teacher will:

1.3.1 (Cont'd)

also include family members, friends, other personnel in an institutional setting. Utilize Protective Services Case History (appendix, p. IX-B2) or Potential Problem Situations for Home Helpers, (appendix, p. IX-B4).

Facilitate a discussion on each mini-drama as it is presented, posting on newsprint or chalkboard main points covered.

Provide learners any additional materials/resources any of the panel members recommend, and copies of main points covered in the discussions.

Summarize content and discussions of this module.

REFERENCES AND RESOURCES

APPENDIX: Protective services case history, p. IX-B2.

APPENDIX: Potential problem situations for Home Helpers, p, IX-B4.

COMMUNITY RESOURCES
- U.S. Health, Education and Welfare Regional Office of Aging
- State Office of Aging
- Department of Public Welfare
- AARP Chapter
- Local Community College or University
- Visiting Nurses Association
- Social Security Office (Medicare/Medicaid Regulations).

This module was developed to be used in conjunction with the module, Securing Employment in Home Economics Occupations.

REFERENCES

BOOKS

1 Horowitz, G., & Estes, C. Protective services for the aged (DHEW Pub. No. (OHD) 74-20101). Washington, D.C.: U.S. Government Printing Office, 1971.

2 Spear, M. The guide for in-service training for developing services for older persons (DHEW Pub. No. (OHD) 74-20667). Washington, D.C.: U.S. Government Printing Office, 1974.

3 Tiven, M. B. Older Americans: Special handling required. Washington, D.C.: The National Council on Aging, 1971.

4 The White House conference on aging: Toward a national policy on aging Vol. II (DHEW Pub. No. SD 1762-0069). Washington, D.C.: U. S. Government Printing Office, 1971.

5 Working with older people, Vol. III. The aging process: Needs and services (DHEW Pub. No. (HRA) 74-3118). Washington, D.C., U. S. Government Printing Office, n. d.

PAMPHLETS

6 You, the law and retirement (DHEW Pub. No. (OHD) 75-20800). Washington, D.C.: U. S. Government Printing Office.

RESOURCES

FILMS

7 Gerontological Film Collection, North Texas State University Main Library. Nell and Fred (MP527). Denton, Texas 76203: Author, 1971. (Black/white, rental, 16mm, 29 min).

8 Gerontological Film Collection, North Texas State University Main Library. The rights of age (MP378). Denton, Texas 76203: Author, 1967. (Black/white, rental, 16mm, 28 min).

930

GLOSSARY OF LEGAL TERMS

Abuse - To physically misuse another person. This can include, but is not limited to, purposefully hitting; burning; cutting; throwing, dropping, tripping; chaining; locking up, refusing to provide food, clothing, medical care, etc.

Ad Litem - One who represents the interests of another; most frequently an attorney appointed by the court to represent the interests of someone legally in an action before the court.

Appeal - Ask the court to reconsider a decision. Usually have to prove court has erred in procedures in making decision or that there is new information not available when first decision was made or the situation was changed.

Commitment - Legal order that says a person must, for their own interest, receive treatment for a mental illness. Most usually this treatment is on an in-patient basis at a public or private hospital/institution. It can be however, on an out-patient basis at a clinic, day hospital or physician's office. There are criminal and civil commitments. Criminal commitments result when a person has committed a crime and is found to be mentally incapable of standing trial. Civil commitments result when a person has been found to be incompetent of controlling his own affairs, and is considered a danger to himself or others. There are three types of civil commitments.

Voluntary Commitment - The person herself agrees that she needs treatment and goes into the hospital willingly.

Involuntary Temporary Commitment - Other adult (family member, friend, agency representative) feels that the person is incompetent and/or mentally ill and poses a threat to himself or others and asks the court to order commitment for a short, definite, period of time--in many states 90 days, and the court so orders whether the person agrees or not.

Involuntary Indefinite Commitment - Same as temporary except that it is for an indefinite period of time. Laws in the different states vary on how long this can be for, procedures for someone to apply for the termination of an indefinite commitment, and responsibility of treatment facility for treating the person.

Guardianship - When applies to an adult, this means that the court has found the adult to be mentally incompetent and has appointed another adult to serve as the guardian. The adult placed under a guardianship loses all legal and citizens rights. He cannot even hire an attorney to appeal the ruling. The guardian is empowered to make all decisions for the one placed in guardianship - where she will live, doctor to be used, deposition of all money, property or other assets. The only way this judgment can be referred is if the guardian determines the adult has improved and goes back to court to request termination of guardianship, or another adult hires an attorney and it is proved the original judgment was in error.

Indigent - One who has no responsible family members or friend who can be responsible for them causing the state (or a public agency) to be appointed to be responsible for him.

Living Trust - A trust is the transfer of money or property to one person for the benefit of another. The trustor is the one who creates the trust. The trustee is the one to whom the property or money is transferred--a bank or a person. The beneficiary is the one who receives the benefit of the trust. A living trust is the ultimate vehicle in lifetime planning. It can be written in such a way to allow maximum flexibility given any set of circumstances so that rights of trustor and beneficiary are protected as circumstances change. It can also provide for adequate and flexible provisions for the care of the beneficiary should they become ill or incompetent. Because trustees can be required to be audited regularly or otherwise held accountable for their actions misuse of a Living Trust is less likely than that of a Guardianship. The trustor and beneficiary can be one and the same.

Mentally Ill - Definitions vary by state but generally include: (a) engaged in acts or threats supporting the conclusion that he is "mentally ill" and can reasonably injure himself or others; (b) a person who demonstrated inability to attend to his basic physical needs is due to mental illness. Unfortunately in some states senility, epilepsy and drug dependence (including alcoholism) are used as evidence to support (a) or (b). This is undesirable, but should be noted when it exists.

Most states have mental illness courts where hearings are held for possible (voluntary) or (involuntary) commitment to a mental illness facility. An attorney ad litem is appointed by the court to represent the allegedly mentally ill person.

Mentally Incompetent - A proceeding brought by a private person (as opposed to the mental illness procedure) against an individual (the proposed ward). The proposed ward does not generally have the right to be a court-appointed attorney ad litem, thus endangering the proposed ward's legal rights. Proof is more lax than for mental illness cases; generally it is enough to show by a supporting letter from a licensed M.D. that, in the opinion of the M.D., the proposed ward is no longer "mentally competent" to conduct his or her business and personal affairs. Mere physical disability should not be enough to have a person adjudged mentally incompetent. Because of the vagueness of the definition of mental incompetency, abuses and unnecessary guardianship are a serious problem.

Neglect - Failure to care for or see that care is provided for one who needs care. Failure to see that basic needs of a person are met when you have the resources to meet those needs.

Notice - To inform a person that a legal action is being considered in relation to her, i.e., notice that guardianship or commitment proceedings have been requested, when the case will be heard, what the basis is, etc.

Parens Patriae - The legal theory on which guardianship is based in that society is said to be standing or acting in the parental role of the person. The term was originally derived from the English concept of the King's role as father of the country. The theory assumes that government is intervening to protect the individual. Parena Patriae (power of the state) must be balanced with other rights inherent in the Constitution, i.e., prohibition against cruel and unusual punishment and due process guarantees.

Power of Attorney - A written document in which one person (the principal) authorizes another person to act as his agent, i.e, to speak, make decisions, and act for him. The Power of Attorney can be specific or general. A specific Power of Attorney authorizes the agent to act for the principal only in relation to the matter(s) specified in the document. For example, to sell a car; to sell a particular piece of property, to manage property, or to receive and pay out money for regular expenses. A general Power of Attorney allows the agent to act for the principal in any matter. The Power of Attorney is terminated either when the specific thing is over, the principal cancels it and so notifies the agent, or the principal dies or is declared mentally incompetent.

Privilege Against Self Incrimination - The Fifth Amendment to the U.S. Constitution provides that a person does not have to answer a question if the answer could be used against him in any way. This right to remain silent holds in commitment and guardianship hearings. Some courts have said that the right to remain silent and not incriminate oneself also applies in any psychiatric evaluation interview that will be used in court and that she can refuse to answer any question the physician may ask that she feels would be self-incriminating.

Protective Custody - Enforced hospitalization ordered by a judge when it is felt by a physician who has seen the person within the last 5 days that he may hurt himself or someone else while waiting for a hearing on temporary or indefinite commitment. This can only be enforced if application for commitment has been filed. If no other legal action takes place, the person must be released after 14 days in case of temporary commitment, or 30 days in case of indefinite commitment.

Protective Services - The legal and social services that can be used to care for an elderly person who is ill or incompetent. In recent years the law and courts have developed the principle of The Least Restrictive Alternative. This means that every measure should be taken to 1) involve the elderly person in the decision-making process if at all possible, and 2) to utilize the legal or social service that restricts the elderly person's rights the least, e.g., supports independence. This principle makes indefinite commitment and guardianship "alternatives of last resort."

Right to be Present - The person against whom commitment or guardianship proceedings have been filed has the right to be present at the hearing if it is at all physically possible so he can see that his interests are adequately represented and may cross examine or question those testifying against him. (This would seem to be self evident but in many cases this right of the elderly person has not been adequately protected by the court).

Right to Counsel - The U.S. Supreme Court has held that a defendant has a due process right to counsel (an attorney) in every case where he is threatened with imprisonment regardless of the seriousness of the offense; an adverse decision at the commitment hearing may likewise result in indefinite confinement. A recent study has shown that where active attorneys are employed, fewer people are committed. Federal courts have held not only that there is a right to assistance to counsel, but also that the individual be informed of his right to counsel and that counsel be appointed. Unfortunately, this is a right that still has not been adequately recognized in many states.

Will - The legal document which a person uses to say how his money, property, other assets and personal effects should be distributed after his death.

1961 WHITE HOUSE CONFERENCE ON AGING

RIGHTS OF SENIOR CITIZENS

Each of our senior citizens, regardless of race, color, or creed, is entitled to:

(1) The right to be useful.

(2) The right to obtain employment, based on merit.

(3) The right to freedom from want in old age.

(4) The right to a fair share of the community's recreational, educational, and medical resources.

(5) The right to obtain decent housing suited to needs of later years.

(6) The right to the moral and financial support of one's family so far as is consistent with the best interest of the family.

(7) The right to live independently, as one chooses.

(8) The right to live and die with dignity.

(9) The right of access to all knowledge as available on how to improve the later years of life.

OBLIGATIONS OF THE AGING

The aging, by availing themselves of educational opportunities, should endeavor to assume the following obligations to the best of their ability:

(1) The obligation of each citizen to prepare himself to become and resolve to remain active, alert, capable, self-supporting, and useful so long as health and circumstances permit and to plan for ultimate retirement.

(2) The obligation to learn and apply sound principles of physical and mental health.

(3) The obligation to seek and develop potential avenues of service in the years after retirement.

(4) The obligation to make available the benefits of his experience and knowledge.

(5) The obligation to endeavor to make himself adaptable to the changes added years will bring.

(6) The obligation to attempt to maintain such relationships with family, neighbors, and friends as will make him a respected and valued counselor throughout his later years.

BICENTENNIAL CHARTER FOR OLDER AMERICANS

Prepared by the Federal Council on the Aging

January, 1976

The Bicentennial Charter for Older Americans is a revision of the Senior Citizens Charter of Rights and Obligations developed by the 1961 White House Conference on Aging.

The new Charter has been prepared by the Federal Council on the Aging, an independent organization created by Congress to advise the President, the Secretary of the Department of Health, Education, and Welfare, the Commissioner on Aging, and Congress on matters relating to the special needs of older Americans.

The President, in declaring May as Older American Month, said: "It is important that our Nation make every effort to recognize the worth and dignity of our older citizens. To this end, the Federal Council on the Aging has prepared a Bicentennial Charter for our older Americans. This Charter sets forth principles to guide us in evaluating our nation's response to the problems facing older persons and appreciating the response to the problems now confronting our Nation."

He asked all Americans to reflect on the achievements and needs of our older citizens through discussion of the Bicentennial Charter.

Two hundred years ago, a new nation was founded based on the self-evident truths that all men--and women are created equal and that they are endowed by their Creator with certain inalienable rights. A Constitution was set forth for governance of these new United States of America with the goal of forming a more perfect union, establishing justice, insuring domestic tranquility, providing for the common defense, promoting the general welfare, and securing the blessings of liberty to ourselves and our posterity.

In the two hundredth year of this nation's existence, it is good and well that we call special attention to a group of citizens which literally did not exist at the time of our Revolution. The life expectancy at birth in 1776 was 32 years. In 1976, it is projected to be 71 years and we now have a virtual "generation" of older Americans whose roles, contributions, rights and responsibilities need to be given particular attention at this time in our history.

Americans of all ages have the ultimate responsibility to be or become self-reliant, to care for their families, to aid their neighbors and to plan prudently for their old age. Older persons have the responsibility to make available to the community the benefits of their experience and knowledge. Society--be it through the institutions of the public or the private sector--has the responsibility to assist citizens to be prepared for their later years as well as to assist directly so many of the very old who for one reason or another cannot cope with the burden of increasing physical, mental, social and environmental debilities.

There follow certain basic human rights for older Americans based on the laws of nature and of nature's God" as set forth in the founding documents of this nation some two hundred years ago.

1. The Right to Freedom, Independence and the Free Exercise of Individual Initiative.--This should encompass not only opportunities and resources for personal planning and managing one's life style but support systems for maximum growth and contributions by older persons to their community.

2. The Right to an Income in Retirement Which Would Provide an Adequate Standard of Living.--Such income must be sufficiently adequate to assure maintenance of mental and physical activities which delay deterioration and maximize individual potential for self-help and support. This right should be assured regardless of employment capability.

3. The Right to an Opportunity for Employment Free from Discriminatory Practices Because of Age.--Such employment when desired should not exploit individuals because of age and should permit utilization of talents, skills and experience of older persons for the good of self and community. Compensation should be based on the prevailing wage scales of the community for comparable work.

4. The Right to an Opportunity to Participate in the Widest Range of Meaningful Civic, Educational, Recreational and Cultural Activities.--The varying interests and needs of older Americans require programs and activities sensitive to their rich and diverse heritage. There should be opportunities for involvement with persons of all ages in programs which are affordable and accessible.

5. The Right to Suitable Housing.--The widest choices of living arrangements should be available, designed and located with reference to special needs at costs which older persons can afford.

6. The Right to the Best Level of Physical and Mental Health Services Needed.--Such services should include the latest knowledge and techniques science can make available without regard to economic status.

7. The Right to Ready Access to Effective Social Services.--These services should enhance independence and well-being, yet provide protection and care as needed.

8. The Right to Appropriate Institutional Care When Required.--Care should provide full restorative services in a safe environment. This care should also promote and protect the dignity and rights of the individual along with family and community ties.

9. The Right to a Life and Death With Dignity.--Regardless of age, society must assure individual citizens of the protection of their constitutional rights and opportunities for self respect, respect and acceptance from others, a sense of enrichment and contribution, and freedom from dependency. Dignity in dying includes the right to the individual to permit or deny the use of extraordinary life support systems.

We pledge the resources of this nation to the ensuring of these rights for all older Americans regardless of race, color, creed, age, sex or national origin, with the caution that the complexities of our society be monitored to assure that the fulfillment of one right, does not nullify the benefits received as the result of another entitlement. We further dedicate the technology and human skill of this nation so that later life will be marked in liberty with the realization of the pursuit of happiness.

Module IX
Appendix A
Strategy 1.3.1

PRIVACY

Privacy is many faceted. There is the facet of privacy of information referred to as "confidentiality". There is the facet of privacy of person that involves society's structures that certain things take place "in private" e.g., personal hygiene, dressing, sexual relations, etc. There is also a facet of privacy which is more of the emotions, but often requires real (or symbolic) "space" support to be obtained. This type of privacy usually develops best in a quiet environment.

This last facet of privacy is one which our more urban, pressurized society is threatening. Home Helpers who have had little experience with this facet of privacy may not be as sensitive to these needs in their elderly clients.

This is the facet of privacy which involves a person being alone,"private" with their own thoughts and feelings. Time is needed to be quiet, to be reflective, to get in touch with one's innermost self so that one can return to relationships with others and the world, refreshed and renewed. Persons who have this need met, who know themselves better, often then can be more creative in their interactions with others and can enjoy both the give and take of relationships more.

For many older persons this facet of privacy is closely interwoven with their religious life. Their need to have time to read the Bible, listen to a church/religious message on radio or TV, or to pray is a partial reflection of their need for emotional privacy. For some, it is interwoven with long leisurely baths, or time under the hair dryer, or working in the shop on a project, etc. For some it is interwoven with long solitary walks, or walks with another person where more silence than words are shared, or perhaps "just sitting" for awhile. For yet others it might be interwoven with time to listen to music, read, or work a crossword puzzle.

The Home Helper needs to be aware of and sensitive to the needs of their client(s) in each of the areas of privacy. By its very personal nature, the exact privacy needs in each of these facets varies for every person, according to the totality of who that person is. Therefore, the Home Helper will need to ascertain what the various privacy needs of a particular client are and how best to support the client's efforts at meeting those needs.

For example, persons may enjoy sharing information about themselves and their life experiences, information at times which the Home Helper might be surprised to hear them speak of so freely, but be very embarrassed if the Home Helper saw them with blouse/shirt partially unbuttoned or if it is necessary to have assistance with toileting.

Or, other persons might not be as embarrassed by the fact that they must be helped with toileting while bedridden, but would never be able to share with someone else the fact that they are having to take financial assistance from family members.

Either of the above persons might have varying needs for emotional privacy, and these needs would fluctuate with other factors such as stress or illness. For example, persons who like a lot of time totally alone when things are going along regularly, might need to have the presence of someone nearby while they read, listen to music, or just sit if they are ill or under stress.

Finally, sometimes it will be difficult for an observer to know if the person sitting seemingly staring out of a window blankly is in fact enjoying some emotional privacy, or is bored or lonely.

The communication-human relation skills, especially the technique of openness, will be useful to a Home Helper who is trying to remain sensitive to and supportive of the different facets of privacy in the lives of Older Americans.

For example: A Home Helper has been on the job about a week and is concerned because the elderly client spends an hour or so alone each afternoon, sitting looking out the window and occasionally crying softly. The Home Helper cannot tell if this is needed quiet, private time, or if the elderly person is very lonely and depressed and in need of having someone to talk with and meaningful things to do. Toward the end of the week as they are about to finish eating lunch, the Home Helper says,

"I have a problem and I need your help. I have mixed feelings when I see you sitting alone, looking out the window with tears in your eyes. On the one hand I feel good that you can cry and I know that some people need time to be quiet and alone with their own thoughts and feelings. On the other hand it distresses me to think that you might really be wanting to talk with someone about the things that make you cry and you do not feel free to say so. It would help me if you would let me know if this is a time when you'd like to be alone, or if there is some way I might be of help."

Some other simple guides for acting with sensitivity to another's privacy needs are as follows:

1. Knock or ask before entering a room (even if door is open).
2. Think before interrupting the quiet.
3. Ask several minutes before bringing in food or medicine.
4. Ask if they want time alone.
5. Ask if they need some quiet alone/or shared.
6. Ask before turning on radio/TV.

ETHICS OF HOME HELPER

Truthfulness in Relationships. Truth is not an abstract reality that can be objectively marked off as "The Truth". Truth is rather determined by the relationships one has to the events or facts and the persons involved. A good example of what this means is to be found in the following stories:

1. Once there was a young boy who lived with his father. The boy and the man had a joyous, loving mutually supportive relationship and shared many wonderful experiences. The father was an alcoholic. When he would come home very late and drunk periodically, the young boy would be waiting up for him. While the father told his son delightful adventure stories, the son would make coffee and help his father regain control.

   One day in school after such an evening when the boy had gotten very little sleep, the teacher confronted the child in front of the class. She asked the boy why he kept falling asleep in class. He answered that he and his father had sat up late telling stories. The teacher got very angry and said that the boy was lying-that everyone knew his father was an alcoholic and had been out drinking the night before and that was why the boy was so sleepy. The boy in tears, said no, that he and his father had stayed up late talking and telling stories and that was why he was so tired.

The little boy was being truthful in his reply to the teacher - truthful in the context of his relationship with his father.

2. Once there was an elderly couple, both in their eighties, whose children lived far away and so could not visit very often. Since the last time any of the children had come to visit them, the wife had had a severe stroke. She was totally paralyzed on one side, her face was distorted, the right corner of her mouth hanging loosely so that saliva trickled out and down her chin. She could not control her tongue well enough to talk clearly. She spent most of her days sitting in a chair while her husband did the best he could to take care of her. He fed her, talked with her, supplying the full answers for her in their "conversations." Though he did the best he could, with what assistance she could give, to keep her clean, and groomed, most of the time her hair was unkempt, the bodice on her dress soiled from the saliva and food. The old man had kept all of this from both his children and his wife. (He had not allowed her to look in any mirrors since the stroke.)

> To him she was as beautiful as she was the day nearly 62 years before when he proposed to her. They both loved poetry and good literature.
>
> He read to her daily and often quoted parts of their favorite love poems as he was "conversing" with her. In her own mind she was again that young woman and her husband the handsome young man of the days of their courtship and early marriage.
>
> When the children came for a visit they were appalled to see their parents in such a condition, especially their mother. When they tried to talk with their father about the need for more ongoing help for them, and wanted to help take care of their mother while they were there visiting, he got very angry and told them to leave them alone. He said that he could take care of his beautiful bride, what did they mean by saying she looked ugly and dirty? She was the most beautiful woman in the world.

The old man was being truthful, in the context of his feelings for his wife, and the strong romantic love they still had for each other. The children were also being truthful in the context of their perceptions and feelings.

Home Helpers have an ethical responsibility to strive to understand truth in this manner in their relationships with the elderly and their families. Questions and concerns of either the older person or their relatives should be answered by placing the "facts" in the context of the relationship(s) involved in an effort to discover together the "truth".

In situations like the second example above, where perceptions of the situation are very different by different parties in relationship, a Home Helper can help each to see the validity of the truth in the other's perceptions.

CONFIDENTIALITY

Home Helpers will, in the course of their jobs, get to know the people with whom they are working, information regarding their health, their financial situation, family strengths and weaknesses, (possibly "skeletons"). This will be information entrusted to the Home Helper by the clients and their family/friends, etc. To perform their job responsibly and professionally, the Home Helper must remain worthy of that trust at all times. The Home Helper should never discuss such information with anyone else.

There may be times when the Home Helper can, by sharing examples from their experience with others, help sensitize other people to the needs and rights of the elderly. In so doing, extreme care must be taken so that the persons cannot be identified.

Also, there may be times when the Home Helper will need to seek guidance from another professional (e.g., counselor, gerontologist, physician) on how best to deal with a problem on the job. Again, care should be taken so that the identity of the Home Helpers' client is protected if the client is not aware of or has not given permission for advice to be sought.

HOME HELPER'S CODE OF ETHICS

The Home Helper will:

1. Respect and support the basic humanness, needs and rights of the older American, including a right to life with dignity, privacy, freedom, usefulness, and the pursuit of happiness.

2. Seek to discover the individuality of each older American, rather than grouping or categorizing the aged.

3. Respect the confidentiality of information about their client (and their family)obtained in the performance of one's job.

4. Support efforts at independence on the part of the elderly.

5. Utilize appropriate, effective communication/human relation skills in the performance of all of the job tasks so as to enhance the humanness of the relationship.

6. Seek assistance from qualified professionals and community agencies to perform effectively one's job, understanding the limits of a Home Helpers' skills and responsibilities.

7. Participate in community efforts to establish better services for the aged so that they can be guaranteed a full, rich life and death with dignity.

ABUSE OF THE ELDERLY

In recent years, the plight of the abused child and the battered housewife problem has received national attention. With the aid of the media, most people are now aware that these are both serious problems that affect many more families at all levels of society than we previously realized. Another problem, just as far-reaching as these other two, is the problem of the countless elderly who are abused, neglected or exploited each day. Most often it is the older person's own family, their own adult child, who is doing the abusing. But abuse of the elderly also takes place in some institutions designed and paid for their care, with the family or state as silent partners, due to lack of sufficient interest/involvement with the care facility to know the real conditions.

In the family setting, abuse, neglect and exploitation, can come in many forms. It can be the neglect of a family too busy to really notice that grandpa's dentures don't fit well, and therefore, he isn't eating properly and is severely malnourished, or not noticing grandmother's eyesight is getting worse, and not taking proper corrective/preventive measures so that she falls on the stairs and seriously injures herself or dies, etc. Or it can be the subtle, rationalized neglect/abuse/exploitation involved when a family absorbs the older person's money into the family budget, but does see that her needs are adequately met, choosing to buy a new T.V. set (because granny likes to sit and watch it), rather than a new hearing aide, or getting braces for Susie's teeth instead of adequate clothing and medical care for grandpa, "because he wants Susie to be pretty," etc.

Or family abuse and exploitation can be direct, severe and brutal. These are cases where children use some excuses to get power of attorney for elderly parents and then proceed to sell all their assets, put them in an inexpensive poorly-run nursing home, and pocket all of the money for themselves and their own families. Other children have been known to accomplish the same thing by either having the elderly parent committed unnecessarily or getting an uncalled for guardianship over the elderly parent, thus stripping him of all his legal rights.

Also, cases have been discovered where the elderly parent is locked in his own room, chained to the bed, beaten regularly or purposely starved to death.

The myth exists that this type of abuse, neglect, and exploitation, cannot happen because the elderly person is an adult, not a child, and can look after herself or remove herself from the situation. The fact is that illness, poverty, lack of education, inability to understand the law, in most states that do not adequately protect the rights of the elderly in guardianship and committment procedures, all work to keep the elderly as trapped in abusive, exploitative situations as is the young child or the battered wife. In fact, at this time, most states now have laws that more adequately protect a child than they do an adult. Only three states require that the elderly person be informed of and present at committment or guardianship proceeding. Few states have laws that enable a court to appoint a lawyer to represent the elderly person in these matters where most now have laws that mandate the appointment of a lawyer to represent the child.

Those who work with the elderly need to be aware that abuse of the elderly is a very real problem and work to make the general public more sensitive to the problem so that laws can be passed to more adequately protect our elders.

The Home Helper needs to be aware of the problems, especially in the more subtle forms it takes as he might be involved in a situation where the elderly client's family is neglecting or exploiting her. The Home Helper also needs to know what community resources are available to help the client and what he, as Home Helper, can do legally and ethically in such a situation.

SHARING EXERCISES

Purpose: To increase trust among learners and teacher and to sensitize them to the gray areas in ethical issues due to different ways each person perceives situations.

Materials: None - Have learners sit in a circle.

Time: Approximately - 1 Hour

Throughout the first three steps of the exercise, have each person share his thoughts and feelings with no verbal response being made by anyone, but rather each person's expression accepted with a moment of warm silence. Appropriate non-verbal responses should be encouraged.

1. Have all persons beginning with the teacher, share a description that uses colors, smells, and tastes of how they feel about themselves at this moment, (e.g, I feel like lime bisecting blue green that smells like apple pie, but tastes like salt).

2. Have all persons, beginning with a learner, share a brief allegorical description of their experience in the course. Each participant should create original symbols, background and characters in developing his allegories.

> (e.g. I have felt like I've been on a trip to a distant planet. At first I could not understand the language, but then the pilot of the space ship helped me understand that by feeling their words, rather than listening to them, I could understand them. When we reached our third stop, one of the fellow passengers helped me out of a huge pit of quicksand I had stepped into when I ran ahead. etc.)

3. Have all participants, beginning with the teacher, share a life experience they have had where either they were perceiving the situation differently from (most) everyone else or they had to make an ethical decision that was very unclear.

After all of the sharings have taken place, lead a discussion of the varieties of ways people perceive: 1) themselves, 2) an experience they have all shared and 3) what is "ethical" in any given situation.

PROTECTIVE SERVICES CASE HISTORY

Different sections of the following case histories could be utilized by you, the panel and/or the learners in the process of working on objectives 1.2 and 1.3. It has been developed so that each section can be presented for discussion independently or in sequence. If it is used sequentially, it is recommended that time be allowed for discussion of each section before presenting learners with "resolution" as evidenced in the following steps.

Step 1.

Fred McMahon is a man of 78 years who lives alone in a large, old house. He has lived in this house for 55 years and frequently says "This house is full of all my good memories. I lived most of my life here and I want to live the rest of my life here". His children who live in a nearby town (2 sons) want to have their father move into a nursing home in that town. They see their father living in their old, somewhat rundown house. The rooms are not kept clean, the laundry and dishes pile up, the bathroom smells, and the yard is full of weeds. The sons feel that their father is no longer capable of caring for himself and want to place him in a nursing home located in their town. He is well, alert, and only somewhat undernourished, drives his own car and handles all his own business.

Step 2.

Fred McMahon is now 80 years old. Two years ago the Older American's Home Helper Service came upon the scene and with four hours service daily from the Home Helper, Mr. McMahon has been able to stay in his own home, eat well, enjoy visiting with friends and family, and work in his yard. One day the Home Helper finds Mr. McMahon in a heap in the back yard. He is conscious, is holding his leg and says he can't move.

Step 3.

Fred McMahon is now 82 years old. After his fall which broke his hip, he spent one month in the hospital, one month in an orthopedic hospital, then convinced everyone that he should be allowed to return home. Everyone agreed that with a Home Helper 8 hours a day this would be possible. He now must use a walker, cannot go upstairs in his house but a ramp was added to front and rear entrances. He has access to his yard and continues to do some puttering around. He had to stop driving so he has lost contact with a number of his friends. He has found a new friend however, a young man about 40, who is new in the community. This young man literally spends days visiting with Mr. McMahon. One day Mr. McMahon confides in the Home Helper, "Since (the young man) spends so much time with me, I'm going to leave him the bulk of my estate".

Step 4.

Fred McMahon is 84 years old now. He was rescued by his sons from the attempt of a young man to defraud him of all his money two years before. That experience shook Mr. McMahon's confidence in himself. He has never really gotten over it. He is now very suspicious of any stranger, occasionally accuses the Home Helper of stealing money and jewelery, none of which has ever happened, and writes vicious letters to any and every public official he can dream up an excuse to write to. The sons once again try to convince him to come live in their town in a nursing home. They ask the Home Helper to document for them the rantings and ravings of their father.

Step 5.

Fred McMahon is now 86 years old. After two years of therapy with a psychiatrist he has adjusted very well to his life situation. For the past year he has become more active since the local senior center has acquired a van equipped with a hydraulic lift which enables him to go anywhere he likes with his walker. Slowing down, but determined to live out his life in his own house, he presses on. Suddenly, without warning, one of his sons (age 58) dies of a heart attack. Two days after the funeral, the Home Helper finds Mr. McMahon sitting on the ground out by his rose bushes with a look of bewilderment on his face. She runs out to him. "What happened, Mr. Mac?" He tries to talk but the words come out slurred.

Step 6.

Fred McMahon is now 86½ years old. He has been having frequent CVA's (cerebral vascular accidents) since his son's death. He has lost the sparkle from his eyes, his infectious sense of humor is gone, he has recently been having more and more bladder "accidents". The Home Helper is finding that she must spend almost all day by his side for one reason or another. Mr. McMahon has referred to her as "Mama" several times during the last week.

POTENTIAL PROBLEM SITUATIONS FOR HOME HELPERS

In addition to the issues raised in the Protective Services Case History, the following are problem situations in which Home Helpers could possibly find themselves involved. Some involve legal problems, some value judgments or ethical problems. Not all Home Helpers will face these type of situations, and yet these are only a sampling of the types of problems that could possibly develop.

Discussion of these situations should better prepare Home Helpers to deal with any problem they might encounter. Discussions should include:

1) identifying legal, ethical and/or value issues raised
2) identifying community or other resources that can be utilized
3) identifying and understanding emotional reactions of Home Helpers to the situation/issues
4) identifying limits of Home Helper's responsibility
5) identifying alternative solutions
6) identifying and evaluating process used to "solve" problem.

Sample Problems:

1. Home Helper is accused of stealing by
    a) Older American client
    b) Client's family
2. Older American client refuses to take his medication.
3. Client is approached by a door-to-door home improvement sales person to have roof, furnace, etc., "evaluated" and then repaired and Home Helper feels it is a con.
4. The client's family wants to fire Home Helper, but the client doesn't (or the reverse problem).
5. Older American is very ill, has no will, and keeps telling Home Helper what he wants done after he dies.
6. Client has no relatives and tells Home Helper she wants to will everything to him.
7. Older American has no relatives at all and is terminally ill. Who takes care of the body, funeral, and burial? What clothes are for the burial?

    If the client dies, what is the impact of

    a) there is a will;
    b) there is no will

8. Family of older American wants Home Helper to testify that their client needs protective services.

9. Family member of client keeps wanting to put her in a hospital to die but she wants to die at home. She is terminally ill.

10. Elderly couple has confided in Home Helper that they are unhappy because each has been asked to share a room with a grandchild of the same sex.

11. Client has started having episodes of extreme outbursts of violent behavior, almost seriously hurting the Home Helper once and actually killing his own cat. The family refuses to discuss commitment. Or there is no family.

12. The Agreement called for the daughter of the client to pay 1/2 of the Home Helper's salary and the client to pay the other half. The daughter lives out of town, and her checks have not come for two months. It is the beginning of the third month. The client called the daughter two weeks ago and she said the check would be in the mail the next day. Or the client refuses to call the daughter. Or the client calls the daughter who says she doesn't think the Home Helper should be needed anymore and she will not pay her part. (The client has severe physical limitations due to a stroke and cannot exist outside a nursing home without assistance at home).

13. Recently the client suffered another mild stroke which did not do much physical damage, but has caused the client to be very confused in her thinking. She has run away from home three times. The last time it took help of the police before she was found, without adequate clothing, sitting at the bus station. There is no family.

14. The client has no family and, due to repeated strokes, can barely sign his name. He wants to give Power of Attorney to the Home Helper.

15. The Home Helper is paid by the client's family. The client wants to tip the Home Helper. Or the client wants to give the Home Helper gifts all the time.

16. The client has a very limited income. The client's only grandson is about to get married, and the client gives the Home Helper $30.00 with which to buy the grandson a wedding present. The Home Helper has a pretty good idea the amount spent on a gift will leave the client without enough money for food for that month.

17. The client has given her son Power of Attorney. She thought it was only so he could sell her car for her, a restricted Power of Attorney. It was a general Power of Attorney, and he has sold her house and most of her furniture. Also the son tells the Home Helper he has done this and gives him a two-week notice. The Home Helper knows the client intended to give the son only a restricted Power of Attorney.

THE PRINCIPLE OF LEAST RESTRICTIVE ALTERNATIVE

The goal of those who work with the elderly who do become very ill (physically or emotionally) and have difficulty caring for themselves or begin to act in ways that might be injurious to themselves or others, should be consistent with the overall goal of supporting independence. In legal terminology this is referred to as seeking "the least restrictive alternative".

Unfortunately, all too often in the past, the attitude toward the elderly, on the part of society as a whole, as well as family members, physicians or lawyers faced with the problem of an older person who has become seriously ill and unable to manage for herself has been to assume that the elderly ill needs to be taken care of and have decisions made for them as though they were little children. Guardianships, general powers of attorney, and even commitments that were not really necessary have been the result of treating of the elderly ill as though he were no longer able to make decisions for himself. Many times the use of a living trust, a joint bank account, or a specific power of attorney, coupled with home health care, homemaking services or nursing home care could have resolved the problem while leaving the elderly person's rights intact.

In recent years, lawyers, physicians and others in the helping professions have become more sensitive to the needs and rights of the elderly ill, as well as the elderly who remain totally competent up to the point of death. Too many professionals and families, however, still view the elderly through so many myths and misconceptions that they do not adequately involve them in the decision-making processes when they become ill. The learners you are training may be involved in situations where the condition of the client they have been serving deteriorates, and family or others must consider some type of action to protect the elderly client. It is important that the Home Helpers know the different types of legal tools that are available to provide such protection under the laws of your state, the rights of the elderly person under each, and just what the legal consequences are of each action. With this knowledge, the Home Helper can then act as an advocate for the elderly person and raise appropriate questions to family members, agency personnel or the attorneys so that the least restrictive measures can be found for that particular situation. The Home Helper may well need to act as an advocate for the elderly person so that the elderly person is involved in the decision-making process at every step of the way if at all possible. It is insulting and dehumanizing to treat a person who has been making decisions for herself for 70+ years as though all those years of experience mean nothing just because they are now old, and feeble, or have suffered a stroke and cannot articulate clearly and easily their needs and wishes. A good example of the feelings this type of "taking care of pop" can cause in the elderly person himself is in the movie, "I Never Sang for My Father". It contains a scene when, after the funeral of the mother, the adult daughter and son of the elderly father try to insist that he hire a housekeeper to take care of him because he has been a little "forgetful" recently. The father feels that he can care for himself, but the daughter insists and says she wants to hire the housekeeper for him before she returns to her own family. The father has been an active businessman for years, involved in local politics and is enraged at this suggestion. He says, "I've hired and fired hundreds of people in my life and if I decide I need a housekeeper, I don't need you to hire one for me! "

Also the book, A Figure of Speech, that was listed as a resource in Module III, shows how one man felt when the family began to take over and make decisions for him, "in his best interest", without either involving him in the process or really listening to his ideas, needs and feelings.

It is hoped that in teaching this module you will help the learners to gain enough knowledge of the law and legal terminology so that some of its mystery will be removed for them and they will feel competent to act as an advocate for their elderly client should the need arise.

ADDITIONAL TEACHER RESOURCES ON LEGAL CONCERNS

Blenkner, Bloom, Nielson and Weber, "Final Report Protective Services for Older People: Findings from the Benjamin Rose Institute Study," 1974.

Butler, R. & Lewis, M., Aging and Mental Health, St. Louis, Missouri: C.V. Mosby Co., 1973.

Crain, W. W., "The Boys with the Butterfly Nets", Los Angeles Free Press, 13, No. 8, 1976.

Horstman, P., "Protective Services for the Elderly: The Limits of Parens Patriae". 40 Missouri Law Review, 215, 1975.

Legal Research and Services for the Elderly, Legislative Approaches to the Problems of the Elderly: A Handbook, 1971.

Mental Health Law Project, Proposed Mental Health Law Guide, Washington, D.C., 1976.

Regan, J., "Protective Services for the Elderly: Commitment, Guardianship, and Alternatives", 13 William and Mary Law Review, 569, 1973.

Symposium, "Law and Aged", 17 Arizona Law Review, 267, 1975.

AUDIO VISUAL DISCUSSION GUIDE

Title: The rights of age   Black/white   28 min.   16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. (Rental film # MP378).

Sound and Photography: Both excellent overall; occasionally voice of elderly lady is very soft and hard to hear; good use of background music and subtle cinemotography techniques.

Synopsis: Story of Leona Vickery, an 80-year-old widow who lives alone without needed services until she falls and goes to the hospital. The film shows both her feelings and the feelings of those trying to help her. Emphasis is placed on need of several professionals to work together with the elderly person to develop a plan to fit that person's particular needs and circumstances.

Recommendations for Use:

Preview by discussion leader helpful, but not essential. Can be used with just teacher and learners or with legal and medical resource persons present to facilitate a discussion about protective services and when they should be utilized by a community and how one relates to the elderly person during the process of working out a plan for her. Shows enough ambiguities to be very provocative.

Recommendations for Additional Use:

Can be used to discuss the way different persons in the helping professions can work together as a team even though they are not under the same agency. Communication skills utilized in the film can be discussed.

Suggested Discussion Questions:

1. Who does Leona Vickery represent? How many are there estimated to be? Where are they? What are the barriers between them and the services they need?

2. Leona's house was bought just before her son was born. What does it symbolize to her? What role does it play in her present life?

3. Who comes to visit Leona? How does she view them? How did her hand-clutching and unclutching make you feel? Is there anything the visitors could have done to make her less frightened by their appearance at her house?

4. What role did the accident play for the community? For Leona?

5. How did the different professionals go about helping Leona? Did they involve her in the decision-making process or did they just tell her what they had planned for her? Were they honest with her? Did they take into consideration her feelings and needs? Did she really understand and accept the changes or did she just give in to pressure?

6. What makes the elderly valuable as well as vulnerable? Who do we neglect when we neglect the elderly? At what point do we have the right to legally enforce a plan of protection that the elderly person does not want?

7. If you had been Leona, how would you have wanted the professionals to go about helping you? If someone like Leona lived in your neighborhood, what do you think you could do to help?

AUDIO VISUAL DISCUSSION GUIDE

Title: Nell and Fred. Black/White 29 min. 16 mm. film

Source: Gerontological Film Collection, North Texas State University Main Library, Denton, Texas 76203. (Rental film # MP527).

Sound and Photography: Both excellent.

Synposis: Tells the story of two poor, elderly persons who are friends and who live together in a small house. Each has some physical disabilities and they help each other. The community builds a new retirment apartment with nursing facilities. They are both eligible to live there. The story tells of the process each goes through in deciding whether to move into the complex or not.

Recommendation for Use:

Preview helpful to discussion leader. Show as contrast to the situation in the Rights of age for discussion about Protective Services and when the community should step in and legally enforce protection.

Recommendations for Additional Use:

Could be used along with Raisin wine, The string bean, The art of age, and Making retirement count to facilitate learner discussion of differences of values, economic status, cultural heritage, personalities, etc.

Suggested Discussion Questions:

1. What was the process that Fred and Nell each went through in trying to decide to move or not to move? What were each one's concern at first?
2. How did you feel about each one's decision? How did you feel when Fred decided to leave the center and go back to Nell's house? Do you think it was just the money? Why or why not?
3. What did you feel about what the man at the nursing home said to the group waiting to go through the center? What was his attitude toward the elderly? What was the attitude of the social worker who came to Nell's home?
4. Should Nell and Fred be allowed to continue living at her house? Under what circumstances if any, should they not? Why?
5. What other services could the community have provided Nell and Fred to better protect them from possible accidents and yet let them maintain their independence?